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CONDON  
O'MEARA  
MCGINTY &  
DONNELLY LLP

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Certified Public Accountants

One Battery Park Plaza  
New York, NY 10004-1405  
Tel: (212) 661 - 7777  
Fax: (212) 661 - 4010

September 17, 2020

Ms. Fatima Alabdullah  
Director of Finance  
Laureus Sports for Good Foundation  
645 Fifth Avenue, 5<sup>th</sup> Floor  
New York, NY 10022

Dear Ms. Alabdullah:

Enclosed are the tax returns. We will submit, on the organization's behalf, the federal Form 990, California, New Jersey and New York State tax return electronically. Please sign, date and return Form 8879-EO, Form 8453-EO, and Form CRI300 Renewal Registration/Verification Statement to us so that we may electronically file the returns. Authorization forms may be emailed to [alazzaruolo@comdcpa.com](mailto:alazzaruolo@comdcpa.com).

We will not forward the California Form RRF-1, New York State Form CHAR500 electronically. The Form RRF-1 and Form CHAR500 must be filed by the organization. The state returns are enclosed, in duplicate, with filing instructions.

Also enclosed is an amended federal Form 990-T for tax year ending December 31, 2018, in duplicate, with filing instructions.

If you would like a paper copy of the return for your records, please advise.

If you have any questions, please do not hesitate to contact us.

Very truly yours,



James J. Reilly, CPA, Esq.  
Partner

JJR:dcc

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2020

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**PREPARED FOR:**

LAUREUS SPORT FOR GOOD FOUNDATION USA  
645 FIFTH AVENUE NO. 5TH FL  
NEW YORK, NY 10022

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**PREPARED BY:**

CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA  
NEW YORK, NY 10004

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021

# Taxpayer Copy

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

**2020**▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

LAUREUS SPORT FOR GOOD FOUNDATION USA

30-0047132

Name and title of officer or person subject to tax

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> 4,294,322.
<b>2a</b> Form 990-EZ check here ▶	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b>
<b>3a</b> Form 1120-POL check here ▶	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b>
<b>4a</b> Form 990-PF check here ▶	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b>
<b>5a</b> Form 8868 check here ▶	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b>
<b>6a</b> Form 990-T check here ▶	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b>
<b>7a</b> Form 4720 check here ▶	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b>

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize CONDON O'MEARA MCGINTY & DONNELLY LLP to enter my PIN 47132  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1360180777

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CONDON O'MEARA MCGINTY & DONNELLY L *James Reilly* Date ▶ 9/24/2021

**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)**Taxpayer Copy**

023051 11-03-20

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2020.04020 LAUREUS SPORT FOR GOOD FO 41552B\_1

EXTENDED TO NOVEMBER 15, 2021

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A For the 2020 calendar year, or tax year beginning and ending****B** Check if applicable:Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending**C Name of organization**

LAUREUS SPORT FOR GOOD FOUNDATION USA

**Doing business as**Number and street (or P.O. box if mail is not delivered to street address)  
645 FIFTH AVENUERoom/suite  
5TH FLCity or town, state or province, country, and ZIP or foreign postal code  
NEW YORK, NY 10022**F Name and address of principal officer:** DANIEL C. MAWICKE  
SAME AS C ABOVE**D Employer identification number**

30-0047132

**E Telephone number**  
(212) 891-2309**G Gross receipts \$** 4,294,322.**H(a) Is this a group return**  
for subordinates? ..... ☐ Yes ☒ No**H(b) Are all subordinates included?** Yes No  
If "No," attach a list. See instructions**H(c) Group exemption number** ▶**I Tax-exempt status:** ☒ 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527**J Website:** ▶ WWW.LAUREUSUSA.COM**K Form of organization:** ☒ Corporation Trust Association Other ▶**L Year of formation:** 2002**M State of legal domicile:** DE**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO CHANGE THE LIVES OF YOUTH AND STRENGTHEN COMMUNITIES THROUGH THE POWER OF SPORT		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	11
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,399,455.	4,281,101.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,000.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,801.	3,833.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,855.	9,388.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,485,111.	4,294,322.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,835,445.	2,323,000.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	563,520.	425,440.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,072.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,144,208.	1,351,487.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,543,173.	4,099,927.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,058,062.	194,395.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	7,891,834.	7,366,631.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,039,114.	1,319,516.
		5,852,720.	6,047,115.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JAMES J. REILLY	Preparer's signature <i>James Reilly</i>	Date 9/24/2021	Check if self-employed <input type="checkbox"/>	PTIN P00183769
	Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP	Firm's EIN ▶ 13-3628255	Phone no. 212-661-7777		
	Firm's address ▶ ONE PARKWAY PARK PLAZA NEW YORK, NY 10001				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

LAUREUS SPORT FOR GOOD FOUNDATION USA'S MISSION IS TO CHANGE THE LIVES  
OF YOUTH AND STRENGTHEN COMMUNITIES THROUGH THE POWER OF SPORT. (SEE  
SCHEDULE O FOR CONTINUATION)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,685,886. including grants of \$ 1,817,800. ) (Revenue \$ )  
CHAPTERS & MEMBERSHIP - SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 583,294. including grants of \$ 505,200. ) (Revenue \$ )  
COACHING GRANTS - SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 254,084. including grants of \$ ) (Revenue \$ )  
RESEARCH & EVALUATION - SEE SCHEDULE O.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 3,523,964.**Taxpayer Copy**Form **990** (2020)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

X

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	26
<b>b</b> Enter the number of Forms 990-B included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b> 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)?		X
<b>4b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?		X
<b>7b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b> If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>7h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
<b>9b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	N/A	
<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	N/A	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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		
<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand		
<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4798, Schedule O.		

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**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 11 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 on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 11		
<b>2</b> 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? .....	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X
<b>9</b> 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 on Schedule O .....	<b>9</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</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? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► CA, DE, FL, NJ, 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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ►  
 JAMES KALLUSKY/THE FOUNDATION - 212-512-2009  
 645 FIFTH AVENUE, 5TH FL., NEW YORK, NY 10022

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENITA FITZGERALD MOSLEY CHIEF EXECUTIVE OFFICER	40.00			X				240,459.	0.	4,000.
(2) JAMES KALLUSKY CHIEF OPERATING OFFICER	40.00			X				180,981.	0.	0.
(3) EDWIN MOSES BOARD CHAIR	5.00	X		X				0.	0.	0.
(4) DANIEL C. MAWICKE BOARD TREASURER	1.00	X		X				0.	0.	0.
(5) THOMAS DANZIGER BOARD SECRETARY	1.00	X		X				0.	0.	0.
(6) CATHY GRIFFIN BOARD MEMBER	1.00	X						0.	0.	0.
(7) NADIA COMANECI BOARD MEMBER	1.00	X						0.	0.	0.
(8) ALAIN BRENARD BOARD MEMBER	1.00	X						0.	0.	0.
(9) MARK RATCLIFFE BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOSEPH AGRESTA BOARD MEMBER	1.00	X						0.	0.	0.
(11) MICHAEL JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(12) MARCUS ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
(13) GUY SANAN BOARD MEMBER	1.00	X						0.	0.	0.

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<b>1b Subtotal</b>	421,440.	0.	4,000.
<b>c Total from continuation sheets to Part VII, Section A</b>	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>	421,440.	0.	4,000.

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Form **990** (2020)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,281,101.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....				4,281,101.		
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,833.			3,833.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> OTHER	900099		9,388.	9,388.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			9,388.			
<b>12 Total revenue.</b> See instructions .....				4,294,302.	9,388.	0.	3,833.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,323,000.	2,323,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	425,440.	296,059.	70,147.	59,234.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	71,061.		71,061.	
<b>c</b> Accounting .....	25,275.		25,275.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,000.	6,000.		
<b>12</b> Advertising and promotion .....	37,797.	26,994.		10,803.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	41,424.	16,980.	13,314.	11,130.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	386.		386.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PAYROLL & EMPLOYMENT MA	890,415.	617,406.	145,020.	127,989.
<b>b</b> PARTNERSHIPS, RESEARCH	73,647.	73,647.		
<b>c</b> OFFICE SUPPLIES-OTHER	70,747.	45,697.	16,380.	8,670.
<b>d</b> PROGRAM TRAINING	59,429.	59,429.		
<b>e</b> All other expenses	75,306.	58,052.	10,008.	7,246.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,099,927.	3,523,264.	351,591.	225,072.
<b>26</b> 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 <input type="checkbox"/> if following SOP 8-2 (BC 9-8-7-2)				

**Part X 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,803,216.	<b>2</b>	5,929,986.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	3,187,015.	<b>4</b>	588,917.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,217.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,027.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,027.	386.	<b>10c</b> 0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	900,000.	<b>15</b>	847,728.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,891,834.	<b>16</b>	7,366,631.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,139,114.	<b>17</b>	471,788.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	900,000.	<b>25</b>	847,728.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,039,114.	<b>26</b>	1,319,516.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,473,279.	<b>27</b>	2,477,580.
	<b>28</b> Net assets with donor restrictions .....	4,379,441.	<b>28</b>	3,569,535.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,852,720.	<b>32</b>	6,047,115.
	<b>33</b> Total liabilities and net assets/fund balances .....	7,891,834.	<b>33</b>	7,366,631.

Form **990** (2020)

# Taxpayer Copy



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,294,322.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,099,927.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	194,395.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,852,720.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,047,115.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2020)

# Taxpayer Copy

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  LAUREUS SPORT FOR GOOD FOUNDATION USA	Taxpayer identification number (TIN)  30-0047132
	Number, street, and room or suite no. If a P.O. box, see instructions. 645 FIFTH AVENUE, NO. 5TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JAMES KALLUSKY/THE FOUNDATION

- The books are in the care of ► 645 FIFTH AVENUE, 5TH FL. - NEW YORK, NY 10022  
Telephone No. ► 212-891-2309 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year 2020 or  
 ► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Taxpayer Copy

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

2020

**Open to Public Inspection**

Name of the organization

LAUREUS SPORT FOR GOOD FOUNDATION USA

Employer identification number	
--------------------------------	--

30-0047132

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (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).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- ☐ 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).**
- ☒ 7 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.)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 9 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 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.)
- ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - ☐ a **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.**
  - ☐ 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.**
  - ☐ 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.**
  - ☐ d **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.**
  - ☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations .....

**g** Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,871,141.	2,870,441.	3,117,943.	3,399,455.	4,281,101.	29,540,081.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,871,141.	2,870,441.	3,117,943.	3,399,455.	4,281,101.	29,540,081.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4,442,679.
<b>6 Public support.</b> Subtract line 5 from line 4.						25,097,402.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	15,871,141.	2,870,441.	3,117,943.	3,399,455.	4,281,101.	29,540,081.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....			2,031.	5,801.	3,833.	11,665.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	82.	935.	10,548.	43,339.	9,388.	64,292.
<b>11 Total support.</b> Add lines 7 through 10						29,616,038.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	64,292.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	84.74 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	82.72 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>If "Yes," complete Schedule C, Form 990, to determine whether the organization had excess business holdings.</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)**Section D - Distributions**

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## OTHER

2016 AMOUNT: \$ 82.

2017 AMOUNT: \$ 935.

2018 AMOUNT: \$ 10,548.

2019 AMOUNT: \$ 13,339.

2020 AMOUNT: \$ 9,388.

## FEES FOR SERVICE

2019 AMOUNT: \$ 30,000.

2020 AMOUNT: \$ 0.

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**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

LAUREUS SPORT FOR GOOD FOUNDATION USA

Employer identification number

30-0047132

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Name of organization	Employer identification number
LAUREUS SPORT FOR GOOD FOUNDATION USA	30-0047132

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMIC RELIEF INC. 2020-2021 488 MADISON AVE., 10TH FL NEW YORK, NY 10022	\$ 941,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DREW BREES DREAM FOUNDATION 1360 EAST 9TH STREET, SUITE 100 CLEVELAND, OH 44114	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL RECREATION FOUNDATION 736 N. WESTERN AVE. LAKE FOREST, IL 60045	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BEYOND SPORT 85 BROAD STREET NEW YORK, NY 10004	\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KEVIN DURANT CHARITY FOUNDATION & DEGREE 1450 BICKELL AVENUE, 18TH FL MIAMI, FL 33131	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RICHEMONT NA.-GRANT 2020 3 ENTERPRISE DRIVE SHELTON, CT 06484	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
LAUREUS SPORT FOR GOOD FOUNDATION USA	30-0047132

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE GATORADE COMPANY  555 WEST MONROE STREET  CHICAGO, IL 60661	\$ 400,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Taxpayer Copy

Name of organization	Employer identification number
LAUREUS SPORT FOR GOOD FOUNDATION USA	30-0047132

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Taxpayer Copy

Name of organization  LAUREUS SPORT FOR GOOD FOUNDATION USA	Employer identification number  30-0047132
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**

LAUREUS SPORT FOR GOOD FOUNDATION USA

**Employer identification number**

30-0047132

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 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 structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	4,379,441.	6,587,705.	9,077,414.	11,288,413.	5,123,389.
<b>b</b> Contributions	4,120,158.	1,949,000.	1,688,148.	1,668,379.	14,655,914.
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	3,930,064.	4,157,264.	4,177,857.	3,879,378.	8,490,890.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	4,569,535.	4,379,441.	6,587,705.	9,077,414.	11,288,413.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ 21.8840 %

**b** Permanent endowment ☐ %

**c** Term endowment ☐ 78.1160 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		5,027.	5,027.	0.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Schedule D (Form 990) 2020

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**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH RESTRICTED FOR FISCAL AGENT TRANSACTION	847,728.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	847,728.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FISCAL AGENT TRANSACTION	847,728.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	847,728.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

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Schedule D (Form 990) 2020



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	4,495,183.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	200,861.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	200,861.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,294,322.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	4,294,322.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	4,300,788.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	200,861.
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	200,861.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,099,927.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	4,099,927.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TEMPORARILY RESTRICTED NET ASSETS: THOSE NET ASSETS WHOSE USE BY THE

FOUNDATION HAS BEEN LIMITED BY THE DONORS (A) TO LATER PERIODS OF TIME OR

AFTER SPECIFIED DATES OR (B) TO SPECIFIED PURPOSES.

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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

LAUREUS SPORT FOR GOOD FOUNDATION USA

**Employer identification number**

30-0047132

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACE PROJECT PO BOX 304 WESTMONT, IL 60559	37-1710751	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMERICA SCORES CHICAGO 600 WEST CERMAK ROAD CHICAGO, IL 60616	36-4386992	501(C)(3)	30,000.	0.			GENERAL SUPPORT
AMERICA SCORES LOS ANGELES 3685 MOTOR AVENUE SUITE 110 LOS ANGELES, CA 90034	65-1163540	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICA SCORES NY 520 8TH AVE, SUITE 201C C/O AMERICA SCORES - NEW YORK, NY 10018	13-4189653	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ATLANTA POLICE ATHLETIC LEAGUE 120 ANDERSON AVENUE NORTHWEST ATLANTA, GA 30303	58-1391927	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ATLANTA TRACK CLUB 201 ARMOUR DRIVE ATLANTA, GA 30324	58-1367422	501(C)(3)	20,045.	0.			GENERAL SUPPORT

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

68.

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

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ATLANTA YOUTH RUGBY 1531 NORTH MORNINGSIDE DRIVE NORTHE ATLANTA, GA 30306	46-3984529	501(C)(3)	24,545.	0.			GENERAL SUPPORT
ATLANTA YOUTH TENNIS & EDUCATION FOUNDATION (AYTEF) - 6075 THE CORNERS PKWY SUITE 100 - PEACHTREE CORNERS, GA 30092	04-3750678	501(C)(3)	24,545.	0.			GENERAL SUPPORT
BEARING BIKE SHOP 982 MURPHY AVENUE SW ATLANTA, GA 30310	45-4335893	501(C)(3)	29,545.	0.			GENERAL SUPPORT
BEAT THE STREETS CHICAGO 2189 W. BOWLER STREET CHICAGO, IL 60612	36-3962523	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BEYOND THE BALL 2801 S RIDGEWAY 2ND FLOOR NORTH CHICAGO, IL 60623	26-1440472	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CETA FOUNDATION 950 CRANBROOK GLEN LANE SNELLVILLE, GA 30078	20-0750852	501(C)(3)	12,045.	0.			GENERAL SUPPORT
CHICAGO RUN 3611 NORTH KEDZIE CHICAGO, IL 60618	26-1505779	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CHICAGO TRAINING CENTER PO BOX 7076 CHICAGO, IL 60680	30-5261899	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CHICAGO YOUTH BOXING CLUB 2300 SOUTH MILLARD AVENUE CHICAGO, IL 60623	26-0052559	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
DANCEWAVE 182 4TH AVENUE BROOKLYN, NY 11217	11-2726558	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DANCING GROUNDS 3705 ST. CLAUDE AVE. NEW ORLEANS, LA 70117	45-5084235	501(C)(3)	78,846.	0.			GENERAL SUPPORT
ELEVATE NEW ORLEANS, INC 1600 CONSTANCE STREET NEW ORLEANS, LA 70130	32-0340381	501(C)(3)	28,846.	0.			GENERAL SUPPORT
FAST FEET RUNNING AND ATHLETICS 184 DRIGGS AVENUE 4L BROOKLYN, NY 11222	83-3696610	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FIGURE SKATING IN HARLEM, INC 361 W 125TH STREET, 4TH FLOOR NEW YORK, NY 10027	13-3945168	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GALLOPNYC 88-03 70TH ROAD FOREST HILLS, NY 11375	05-0615968	501(C)(3)	32,143.	0.			GENERAL SUPPORT
GENERATIONS FOR PEACE INC 1800 MASSACHUSETTS AVE NW, STE 401 WASHINGTON, DC 20036	46-1577158	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GIRLS IN THE GAME 1401 S. SACRAMENTO DRIVE DOUGLAS PA CHICAGO, IL 60623	36-4024533	501(C)(3)	50,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN- CHICAGO 1415 NORTH DAYTON STREET CHICAGO, IL 60642	36-4331162	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN NEW ORLEANS 7100 ST. CHARLES AVENUE 1ST FLOOR NEW ORLEANS, LA 70118	27-2773219	501(C)(3)	28,846.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF ATLANTA 1904 MONROE DR ATLANTA, GA 30324	58-2568271	501(C)(3)	54,546.	0.			GENERAL SUPPORT
HARLEM LACROSSE. LA P.O. BOX 708 NEW YORK, NY 10030	45-1634118	501(C)(3)	45,000.	0.			GENERAL SUPPORT
HAROLD HUNTER FOUNDATION 151 1ST AVENUE NEW YORK, NY 10003	20-5126705	501(C)(3)	32,143.	0.			GENERAL SUPPORT
HELPING EMPOWER YOUTH, INC 174 JOSEPH E. LOWERY BOULEVARD NORT ATLANTA, GA 30314	47-3009769	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HUDSON RIVER COMMUNITY SAILING 207 12TH AVE NEW YORK, NY 10001	26-1784215	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ICE HOCKEY IN HARLEM 127 WEST 127TH ST. SUITE 415 NEW YORK, NY 10027	13-3577519	501(C)(3)	7,143.	0.			GENERAL SUPPORT
KIDKONG ASSOCIATION 5862 VEL COURT SOUTHEAST MABLETON, GA 30126	83-1244863	501(C)(3)	25,000.	0.			GENERAL SUPPORT
KIDS IN THE GAME 875 SE 3RD ST #240 BEND, OR 97702	27-1722272	501(C)(3)	56,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
KING KIDS UNITED 132 NASSAU STREET SUITE 310 NEW YORK, NY 10038	81-2001459	501(C)(3)	45,000.	0.			GENERAL SUPPORT
KINGS COUNTY TENNIS LEAGUE 1 DOCK 72 WAY 7TH FL BROOKLYN, NY 11205	27-3170240	501(C)(3)	25,000.	0.			GENERAL SUPPORT
L.E.A.D., INC 266 WEST PACES FERRY RD. SUITE 429 ATLANTA, GA 30327	06-1820196	501(C)(3)	74,545.	0.			GENERAL SUPPORT
LOST BOYZ, INC 7601 SOUTH PHILLIPS AVENUE CHICAGO, IL 60649	26-3317656	501(C)(3)	101,000.	0.			GENERAL SUPPORT
METROSQUASH 6100 SOUTH COTTAGE GROVE AVENUE CHICAGO, IL 60637	20-2614486	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MILWAUKEE KICKERS 7101 GOOD HOPE ROAD MILWAUKEE, WI 53223	23-7152501	501(C)(3)	45,000.	0.			GENERAL SUPPORT
MT GLOBAL STRATEGIES LLC 2425 L STREET NORTHWEST # 409 WASHINGTON, DC 20037	45-4645062	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NEW HEIGHTS YOUTH INC 50 EAST 118TH STREET NEW YORK, NY 10035	20-1903332	501(C)(3)	45,000.	0.			GENERAL SUPPORT
NEW LIFE CENTERS OF CHICAGOLAND, NFP - 4101 WEST 51ST STREET - CHICAGO, IL 60632	20-2388358	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PEACEPLAYERS BROOKLYN PRIMEWORK COWORKING SPACE BROOKLYN, NY 11212	52-2272092	501(C)(3)	7,143.	0.			GENERAL SUPPORT
PEACEPLAYERS INTERNATIONAL 1200 NEW HAMPSHIRE AVENUE NW SUITE WASHINGTON, DC 20036	52-2272092	501(C)(3)	85,000.	0.			GENERAL SUPPORT
PF BRESEE FOUNDATION 184 S. BIMINI PLACE LOS ANGELES, CA 90004	95-3797363	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PLAY RUGBY USA 252 WEST 37TH STREET NEW YORK, NY 10018	20-0029252	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PLAYWORKS ILLINOIS 650 WEST LAKE STREET SUITE 230 CHICAGO, IL 60661	94-3251867	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PROJECT PEACEFUL WARRIORS 935 S. JOHNSON ST. NEW ORLEANS, LA 70125	81-1925697	501(C)(3)	43,846.	0.			GENERAL SUPPORT
ROW NEW YORK 252 WEST 37TH STREET 4TH FLOOR NEW YORK, NY 10018	11-3632924	501(C)(3)	52,143.	0.			GENERAL SUPPORT
RUN4FUN, INC. 162 BAY 13TH STREET BROOKLYN, NY 11214	47-1002325	501(C)(3)	32,143.	0.			GENERAL SUPPORT
RYAN CAMERON FOUNDATION P.O. BOX 550469 ATLANTA, GA 30355	05-0522234	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SEAT PLEASANT ACTIVITY CENTER 7833 WALKER DRIVE SUITE 210 GREENBELT, MD 20770	47-1658678	501(C)(3)	45,000.	0.			GENERAL SUPPORT
SLOANE STEPHENS FOUNDATION, INC. 5109 NAGLE AVENUE LOS ANGELES, CA 91423	36-4760242	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOCCER IN THE STREETS 130 BOULEVARD AVE NE SUITE 4 ATLANTA, GA 30312	58-1874451	501(C)(3)	54,546.	0.			GENERAL SUPPORT
SOCCER WITHOUT BORDERS 281 SUMMER STREET BOSTON, MD 02210	20-3786129	501(C)(3)	96,000.	0.			GENERAL SUPPORT
SOS OUTREACH P.O BOX 2020 AVON, CO 81620	84-1332544	501(C)(3)	40,000.	0.			GENERAL SUPPORT
SOUTH BRONX UNITED, INC. 594 GRAND COUNCOURSE NEW YORK, NY 10451	26-4064041	501(C)(3)	32,143.	0.			GENERAL SUPPORT
STARFINDER FOUNDATION 4015 MAIN STREET PHILADELPHIA, PA 17127	04-3649918	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE BLOC 5448 WEST BERENICE AVENUE CHICAGO, IL 60641	81-4021362	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE SKATEPARK PROJECT 1203 ACTIVITY DRIVE VISTA, CA 92081	33-0965089	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE SPARKLE EFFECT INC 5080 CENTER CT BETTENDORF, IA 52722	26-4572980	501(C)(3)	56,000.	0.			GENERAL SUPPORT
THE URBAN DOVE, INC PO BOX 305 NEW YORK, NY 10008	13-3997718	501(C)(3)	81,000.	0.			GENERAL SUPPORT
URBAN INITIATIVES 650 WEST LAKE STREET SUITE 340 CHICAGO, IL 60661	83-0367521	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WOODCRAFT RANGERS 340 E 2ND ST STE 200 LOS ANGELES, CA 90012	95-1729319	501(C)(3)	25,000.	0.			GENERAL SUPPORT
YOUTH MENTORING CONNECTION 1818 S. WESTERN AVENUE LOS ANGELES, CA 90006	95-4845105	501(C)(3)	25,000.	0.			GENERAL SUPPORT
YOUTH RUN NOLA 1307 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	45-5359783	501(C)(3)	28,846.	0.			GENERAL SUPPORT
YOUTH YOGA NOLA 517 SORAPARU STREET LOFT 105 NEW ORLEANS, LA 70130	84-2036684	501(C)(3)	48,846.	0.			GENERAL SUPPORT
DIRECTED INITIATIVE FOR YOUTH, INC DBA EXCITE ALL STARS - 8111 LOMOND ROAD - NEW ORLEANS, LA 70126	26-4459825	501(C)(3)	33,846.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

**Part III** **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

LAUREUS USA CAPTURES IMPACT USING RIGOROUS AND TAILORED MEASUREMENT AND

EVALUATION AT THE COMMUNITY, ORGANIZATION, AND BENEFICIARY LEVEL. FOR OUR

GRANTEES, WE MEASURE IMPACT IN THREE WAYS. GRANTEES SUBMIT BI-ANNUAL

REPORTS THAT COLLECT INFORMATION ON THEIR PROGRAM CAPACITY AND SUCCESS,

EVALUATION CAPACITY AND FUNDRAISING CAPACITY. TRACKING THIS INFORMATION

ALLOWS US TO UNDERSTAND HOW OUR UNRESTRICTED FUNDING HAS ENABLED THE

ORGANIZATION TO GROW AND SCALE THEIR IMPACT. MANY OF OUR GRANT PARTNERS

ALSO SURVEY THEIR PARTICIPANTS USING THE IMPACT SPORTS RIGOR IMPACT

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**Part IV** Supplemental Information

ATTRIBUTES SURVEY, A VALIDATED SURVEY TOOL THAT EXAMINES 8 ESSENTIAL SOCIAL

EMOTIONAL COMPETENCIES RELATED TO SPORT. USING THIS TOOL ALLOWS US TO

UNDERSTAND THE IMPACT THESE GROUPS ARE HAVING ON THE YOUTH THEY SERVE.

ADDITIONALLY, GRANT PARTNERS PARTICIPATE IN SITE VISITS FROM LAUREUS USA'S

LEARNING AND EVALUATION SPECIALIST EACH YEAR, DURING WHICH THEY ARE

ASSESSED USING NIKE'S DESIGNED TO MOVE'S OBSERVATION CRITERIA FOR YOUTH

PHYSICAL ACTIVITY AND EARLY POSITIVE EXPERIENCE.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

LAUREUS SPORT FOR GOOD FOUNDATION USA

Employer identification number

30-0047132

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2020

**Taxpayer Copy**



**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

# Taxpayer Copy

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# Taxpayer Copy

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

LAUREUS SPORT FOR GOOD FOUNDATION USA

Employer identification number

30-0047132

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IT ACCOPLISHES THIS BY CENTRALLY ORGANIZING AND LEASING THE SPORT FOR

GOOD MOVEMENT, EMPOWERING COMMUNITIES TO TACKLE SOCIAL INEQUALITIES. BY

INVESTING IN ORGANIZATIONS THAT USE SPORT AS A TOOL FOR SOCIAL CHANGE.

LAUREUS USA SUPPORTS THEIR DELIVERY OF QUALITY, SUSTAINABLE

PROGRAMMING. THESE EFFORTS LEAD TO DEMONSTRATED CHANGES IN THE HEALTH,

EDUCATIONAL ATTAINMENT, EMPLOYABILITY AND SOCIAL COHESION OF YOUTH IN

UNDERSERVED COMMUNITIES.

PART III - LINE 4A

CHAPTERS & MEMBERSHIP - LAURUES USA'S CHAPTER MODEL IS A MULTI-YEAR

STRATEGY FOR CATALYZING AND COORDINATING CITY-WIDE GROWTH AROUND THE

USE OF SPORT AS A TOOL FOR SOCIAL CHANGE BOTH IN INDIVIDUAL COMMUNITIES

AND ACROSS THE UNITED STATES. GROUNDED IN A COLLECTIVE IMPACT

FRAMEWORK, LAUREUS USA PLAYS THE BACKBONE ROLE, ORGANIZING THE MOVEMENT

AND DEVELOPING A SUSTAINABLE MODEL FOR COMMUNITY IMPROVEMENT WHILE

EMPOWERING LOCAL COMMUNITY MEMBERS TO GUIDE AND OWN LONG-TERM CHANGE.

LAUREUS HAS MADE MULTI-YEAR INVESTMENTS IN 10 ORGANIZATIONS USING SPORT

TO INCREASE YOUTH EDUCATION, EMPLOYABILITY, HEALTH, AND/OR SOCIAL

COHESION. THESE INVESTMENTS HAVE REACHED OVER 50,000 YOUTH, 45% OF

WHICH ARE FEMALE AND 78% OF WHICH ARE LOW-INCOME. IN ADDITION TO

GRANTS FUNDING, OUR MODEL PROVIDES A ROBUST SUITE OF BENEFITS AND

RESOURCES TO DIVERSE ORGANIZATIONS ACROSS THE MANY SECTORS THAT

INFLUENCE A CHILD'S LIFE, INCLUDING K-12 EDUCATION, PARKS AND

RECREATION, SOCIAL AND FAMILY SERVICES, AND CITY GOVERNMENT. THESE

LHA For Paperwork Reduction Act Notice see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization LAUREUS SPORT FOR GOOD FOUNDATION USA	Employer identification number 30-0047132
---	--

RESOURCES INCLUDE PROFESSIONAL DEVELOPMENT EVENTS, MONITORING AND  
EVALUATION SUPPORT, ACCESS TO CENTRALIZED SERVICES, NETWORKING  
OPPORTUNITIES, AN ANNUAL CELEBRATION EVENT, AND ACCESS TO A NETWORK OF  
NATIONAL STRATEGIC PARTNERS. TO ENSURE WE ARE BUILDING A SUSTAINABLE  
MODEL THAT CAN SCALE TO DIVERSE COMMUNITIES, WE ALSO CONDUCT ONGOING  
PROCESS AND IMPACT EVALUATIONS AND COMMISSION LOCAL RESEARCH.

## PART III - LINE 4B

COACHING GRANTS - LAUREUS USA INVESTS IN COACHES, FUNDING THE TRAINING  
THEY NEED TO BECOME HIGHLY EFFECTIVE MENTORS IN THEIR COMMUNITIES.  
TRAINING FUELS CARING AND CAPABLE COACHES TO IGNITE SOCIAL CHANGE  
THROUGH SPORT. THROUGH SUPPORTING NATIONAL NON-PROFIT ORGANIZATIONS  
UP2US SPORTS AND PLAYWORKKS, LAUREUS USA HAS HELPED TO BUILD A HIGHLY  
QUALIFIED NATIONAL COACHING FORCE THAT SPANS 108 U.S. CITIES. SINCE  
2012, LAUREUS USA HAS FUNDED THE TRAINING OF OVER 8,200 COACHES TO  
IMPLEMENT SPORTS-BASED YOUTH DEVELOPMENT. IN ADDITION, LAUREUS USA HAS  
PLACED OVER 1,800 COACHES TO PROVIDE LONG-TERM SUPPORT TO COMMUNITIES  
WITH A DEMONSTRATED NEED. THESE COACHES ARE NOW PROVIDING YOUTH THE  
GUIDANCE AND MOTIVATION THEY NEED TO STAY ENGAGED, AS WELL AS LESSONS  
ON HOW TO APPLY THE VALUES LEARNED THROUGH SPORT TO THEIR EVERYDAY  
LIVES.

## PART III - LINE 4C

RESEARCH & EVALUATION - LAUREUS SPORT FOR GOOD USA HAS A DEEP  
COMMITMENT TO IMPROVING THE BROADER SPORT FOR DEVELOPMENT SECTOR  
THROUGH MONITORING, EVALUATION AND INFORMATION SHARING. THE PROGRAM

Name of the organization LAUREUS SPORT FOR GOOD FOUNDATION USA	Employer identification number 30-0047132
---	--

AIMS TO IMPROVE THE SECTOR'S UNDERSTANDING OF EFFECTIVE PRACTICES FOR

DELIVERING HIGH QUALITY PROGRAMMING WITH SUSTAINABLE IMPACT. THIS

INCLUDES COMMISSIONING RESEARCH THROUGH INFOCUS TO DRIVE INNOVATION IN

SPORT FOR DEVELOPMENT METHODOLOGY. LAUREUS USA PROVIDES ITS GRANTEES

WITH THE NECESSARY TOOLS TO EVALUATE THEIR PROGRESS TOWARDS ACHIEVING

TARGETED SOCIAL OUTCOMES. DRIVEN BY RESEARCH, LAUREUS USA THEN SHARES

OUR EXPERTISE THROUGH PUBLIC FORUMS INCLUDING CONFERENCES AND PANELS.

FORM 990, PART I, LINE 5 AND PART V, LINE 2A

THE LAUREUS SPORT FOR GOOD FOUNDATION USA HAS AN EMPLOYMENT MANAGEMENT

AGREEMENT WITH A CORPORATION THAT PROVIDES A COMPREHENSIVE PERSONNEL

MANAGEMENT SYSTEM ENCOMPASSING A BROAD RANGE OF SERVICES, INCLUDING

BENEFITS AND PAYROLL ADMINISTRATION, HEALTH AND WORKERS' COMPENSATION

INSURANCE PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER LIABILITY

MANAGEMENT, ETC.

FORM 990, PART VI, SECTION A, LINE 6:

LAUREUS SPORT FOR GOOD FOUNDATION USA WAS INCORPORATED AS A MEMBERSHIP

ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS HAVE THE POWER TO ELECT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS HAVE JOINT POWER TO APPOINT THE BOARD OF DIRECTORS, WHICH IS

THE GOVERNING BODY. NEW BOARD MEMBERS ARE PROPOSED AND VETTED BY THE ENTIRE

Name of the organization LAUREUS SPORT FOR GOOD FOUNDATION USA	Employer identification number 30-0047132
---	--

GOVERNING BODY PRIOR TO THEIR APPOINTMENT. ALL OTHER GOVERNANCE DECISIONS

ARE MADE BY THE GOVERNING BODY IN ACCORDANCE WITH THE FOUNDATION'S BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION PROVIDES THE FORM 990 TO THE FULL BOARD PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE ("IRS"). THE FULL REVIEW PROCESS IS AS

FOLLOWS:

- THE FORM 990 IS SENT TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS,

ATTORNEY, AND INTERNAL ACCOUNTING CONSULTANT FOR REVIEW.

- ANY FEEDBACK/COMMENTS FROM THE FIRST REVIEWERS IS RELAYED TO THE

ACCOUNTANTS.

- AFTER INCORPORATING CHANGES FROM THE FIRST REVIEWERS, THE FORM 990 IS

SENT TO THE FULL BOARD OF DIRECTORS, WITH COMMENTS. IF NECESSARY ANOTHER

CALL WILL BE SET UP WITH ACCOUNTANTS BEFORE FILING THE 990, WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE EXPECTED TO REVIEW AND SUBMIT THE FOUNDATION'S

CONFLICT OF INTEREST STATEMENT ANNUALLY AND TO ABIDE BY THE FOUNDATION'S

CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD OF DIRECTORS REVIEWS PERFORMANCE WITH GLOBAL FOUNDATION DIRECTOR.

KEY PERFORMANCE INDICATORS HAVE BEEN DETERMINED AND A PERFORMANCE

MANAGEMENT PROCESS IS TO BE IMPLEMENTED.

FORM 990, PART VI, SECTION B, LINE 19A:

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Name of the organization

LAUREUS SPORT FOR GOOD FOUNDATION USA

Employer identification number

30-0047132

THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

# Taxpayer Copy

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
DECEMBER 31, 2020

---

**PREPARED FOR:**

LAUREUS SPORT FOR GOOD FOUNDATION USA  
645 FIFTH AVENUE NO. 5TH FL  
NEW YORK, NY 10022

---

**PREPARED BY:**

CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA  
NEW YORK, NY 10004

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

# Taxpayer Copy

TAXABLE YEAR  
**2020****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name

Identifying number

LAUREUS SPORT FOR GOOD FOUNDATION USA

30-0047132

**Part I Electronic Return Information** (whole dollars only)

<b>1</b>	Total gross receipts (Form 199, line 4)	<b>1</b>	4,294,322
<b>2</b>	Total gross income (Form 199, line 8)	<b>2</b>	4,294,322
<b>3</b>	Total expenses and disbursements (Form 199, line 9)	<b>3</b>	4,099,927

**Part II Settle Your Account Electronically for Taxable Year 2020**

<b>4</b>	Electronic funds withdrawal	<b>4a</b>	Amount	<b>4b</b>	Withdrawal date (mm/dd/yyyy)
----------	-----------------------------	-----------	--------	-----------	------------------------------

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b>	Routing number	_____
<b>6</b>	Account number	_____
<b>7</b>	Type of account:	Checking Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**


Signature of officer

Date


Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's- signature		Date	9/24/2021	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self- employed	<input type="checkbox"/>	ERO's PTIN	P00183769
	Firm's name (or yours if self-employed) and address	CONDON O' MEARA MCGINTY & DONNELLY LLP ONE BATTERY PARK PLAZA NEW YORK, NY							Firm's FEIN	13-3628255
									ZIP code	10004

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature		Date		Check if self- employed	<input type="checkbox"/>	Paid preparer's PTIN		
	Firm's name (or yours if self-employed) and address							Firm's FEIN	
								ZIP code	

**Taxpayer Copy**

2020

# California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

LAUREUS SPORT FOR GOOD FOUNDATION USA

Additional information. See instructions.

California corporation number

9802835

FEIN

30-0047132

Street address (suite or room)

645 FIFTH AVENUE, NO. 5TH FL

City

NEW YORK

State

NY

ZIP code

10022

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return ..... Yes ☒ No
- B** Amended return ..... Yes ☒ No
- C** IRC Section 4947(a)(1) trust ..... Yes ☒ No
- D** Final information return?  
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  
 Enter date: (mm/dd/yyyy) .....
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) Other .....
- F** Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) Sch H (990) (4) ☒ Other 990 series .....
- G** Is this a group filing? See instructions ..... Yes ☒ No
- H** Is this organization in a group exemption ..... Yes ☒ No  
 If "Yes," what is the parent's name? .....

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. .... Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ..... Yes ☒ No  
 If "Yes," enter the gross receipts from nonmember sources \$ .....
- L** Is the organization a limited liability company? ..... Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ..... Yes ☒ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... Yes ☒ No
- O** Is federal Form 1023/1024 pending? ..... Yes ☒ No  
 Date filed with IRS .....

## Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 .....	1	13,221	00
	2	Gross dues and assessments from members and affiliates .....	2		00
	3	Gross contributions, gifts, grants, and similar amounts received .....	3	4,281,101	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B .....	4	4,294,322	00
	5	Cost of goods sold .....	5		00
	6	Cost or other basis, and sales expenses of assets sold .....	6		00
	7	Total costs. Add line 5 and line 6 .....	7		00
	8	Total gross income. Subtract line 7 from line 4 .....	8	4,294,322	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 .....	9	4,099,927	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	10	194,395	00
Filing Fee	11	Total payments .....	11		00
	12	Use tax. See General Information K .....	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 .....	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 .....	14		00
	15	Penalties and Interest. See General Information J .....	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result .....	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	• PTIN	
	Firm's name (or yours, if self-employed) and address			• Firm's FEIN	
				• Telephone	

May the FTB discuss this return with the preparer shown above? See instructions ..... ☒ Yes No

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**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	3,833	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income SEE STATEMENT 1	•	7	9,388	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	13,221	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	2,323,000	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	•	11	425,440	00
	12	Other salaries and wages	•	12		00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16	386	00
	17	Other expenses and disbursements SEE STATEMENT 3	•	17	1,351,101	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,099,927	00

**Schedule L Balance Sheet**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		3,803,216	•	5,929,986
2 Net accounts receivable		3,187,015	•	588,917
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets	5,027		5,027	
b Less accumulated depreciation	(4,641)	386	(5,027)	
11 Land			•	
12 Other assets STMT 4		901,217	•	847,728
13 <b>Total assets</b>		7,891,834		7,366,631
<b>Liabilities and net worth</b>				
14 Accounts payable		1,139,114	•	471,788
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 5		900,000		847,728
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		5,852,720	•	6,047,115
22 <b>Total liabilities and net worth</b>		7,891,834		7,366,631

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	194,395	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	194,395
6 Total. Add line 1 through line 5		194,395		

# Taxpayer Copy

CA 199

OTHER INCOME

STATEMENT 1

## DESCRIPTION

## AMOUNT

OTHER  
FEES FOR SERVICE9,388.  
0.

TOTAL TO FORM 199, PART II, LINE 7

9,388.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

## NAME AND ADDRESS

TITLE AND  
AVERAGE HRS WORKED/WK

## COMPENSATION

BENITA FITZGERALD MOSLEY  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022CHIEF EXECUTIVE OFFICER  
40.00

0.

JAMES KALLUSKY  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022CHIEF OPERATING OFFICER  
40.00

0.

EDWIN MOSES  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022BOARD CHAIR  
5.00

0.

DANIEL C. MAWICKE  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022BOARD TREASURER  
1.00

0.

THOMAS DANZIGER  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022BOARD SECRETARY  
1.00

0.

CATHY GRIFFIN  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022BOARD MEMBER  
1.00

0.

NADIA COMANECI  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022BOARD MEMBER  
1.00

0.

ALAIN BRENARD  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022BOARD MEMBER  
1.00

0.

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MARK RATCLIFFE  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

BOARD MEMBER  
1.00

0.

JOSEPH AGRESTA  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

BOARD MEMBER  
1.00

0.

MICHAEL JOHNSON  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

BOARD MEMBER  
1.00

0.

MARCUS ALLEN  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

BOARD MEMBER  
1.00

0.

GUY SANAN  
645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

BOARD MEMBER  
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199

OTHER EXPENSES

STATEMENT 3

## DESCRIPTION

## AMOUNT

PAYROLL &amp; EMPLOYMENT MA

890,415.

PARTNERSHIPS, RESEARCH

73,647.

OFFICE SUPPLIES-OTHER

70,747.

PROGRAM TRAINING

59,429.

LEGAL FEES

71,061.

ACCOUNTING FEES

25,275.

OTHER PROFESSIONAL FEES

6,000.

ADVERTISING AND PROMOTION

37,797.

TRAVEL

41,424.

ALL OTHER EXPENSES

75,306.

TOTAL TO FORM 199, PART II, LINE 17

1,351,101.

# Taxpayer Copy



CA 199	OTHER ASSETS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	1,217.	0.
CASH RESTRICTED FOR FISCAL AGENT TRANSACTION	900,000.	847,728.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	901,217.	847,728.

CA 199	OTHER LIABILITIES	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FISCAL AGENT TRANSACTION	900,000.	847,728.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	900,000.	847,728.

CA 199	FUND BALANCES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,473,279.	2,477,580.
NET ASSETS WITH DONOR RESTRICTIONS	4,379,441.	3,569,535.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	5,852,720.	6,047,115.

# Taxpayer Copy

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**  
DECEMBER 31, 2020

---

**PREPARED FOR:**

LAUREUS SPORT FOR GOOD FOUNDATION USA  
645 FIFTH AVENUE NO. 5TH FL  
NEW YORK, NY 10022

---

**PREPARED BY:**

CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA  
NEW YORK, NY 10004

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$150

---

**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF JUSTICE

---

**MAIL TAX RETURN TO:**

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

---

**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

---

**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

**Taxpayer Copy**

STATE OF CALIFORNIA  
RRF-1  
(Rev. 09/2017)  
MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916)210-6400  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE  
PAGE 1 of 5

(For Registry Use Only)

LAUREUS SPORT FOR GOOD FOUNDATION USA

Name of Organization

List all DBAs and names the organization uses or has used

645 FIFTH AVENUE, NO. 5TH FL

Address (Number and Street)

NEW YORK, NY 10022

City or Town, State, and ZIP Code

(212) 891-2309

Telephone Number

E-mail Address

Check if:

Change of address

Amended report

State Charity Registration Number **CT**122352

Corporation or Organization No. 8813903

Federal Employer ID No. 30-0047132

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**

**Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020 ) list:

Gross Annual Revenue \$ 4,294,322 Noncash Contributions \$ 0 Total Assets \$ 7,366,631  
Program Expenses \$ 3,523,264 Total Expenses \$ 4,099,927

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

Signature of Authorized Agent

Printed Name

Title

Date

**Taxpayer Copy**

CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA  
NEW YORK, NY 10004-1405

\*\*\*\*\*

INSTRUCTIONS FOR FILING  
**LAUREUS SPORT FOR GOOD FOUNDATION USA**  
**FORM CRI-300R - RENEWAL REGISTRATION / VERIFICATION STATEMENT**  
FOR THE PERIOD ENDED DECEMBER 31, 2020

\*\*\*\*\*

**SIGNATURE/FILING...**

PROVIDED THE FORM CRI-300R or CRI-200 MEETS WITH YOUR APPROVAL, THE ATTACHED CERTIFICATION FORM SHOULD BE SIGNED, DATED, AND RETURNED TO CONDON O'MEARA MCGINTY & DONNELLY LLP ("COMD") AUTHORIZING COMD TO ELECTRONICALLY PREPARE AND SUBMIT THE FORM CRI-300R or CRI-200 TO THE NEW JERSEY OFFICE OF THE ATTORNEY GENERAL CHARITIES REGISTRATION SECTION VIA THE NJ DCA CHARITIES PORTAL, INCLUDING TRANSMISSION OF REQUIRED FEE, IF ANY.

DO NOT SEPARATELY FILE THE FORM WITH NEW JERSEY. DOING SO MAY DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE **DECEMBER 15, 2021**. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN.

\*\*\*\*\*

**PAYMENT OF TAX/OVERPAYMENT...**

A PAYMENT OF \$250 IS REQUIRED WITH THE FILING OF THE FORM.

\*\*\*\*\*

**Taxpayer Copy**

## Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

---

*First Authorization:*

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

---

*Second Authorization:*

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

# Taxpayer Copy

**RETURN MUST BE FILED ONLINE.**  
**This form cannot be paper filed - this**  
**copy is for informational purposes only.**

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2020  
month day year
2. Federal ID Number (EIN) 30-0047132 2a. N.J. Charities Registration Number: CH- 3690200
3. **Full legal name of the registering organization:** LAUREUS SPORT FOR GOOD FOUNDATION USA  
In care of: (if necessary, otherwise leave this line blank) \_\_\_\_\_
4. **Mailing Address:** 645 FIFTH AVENUE, NEW YORK, NY 10022 ☐ **Change of Address**  
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization \_\_\_\_\_  
Street Address City State ZIP Code  
☒ **Same as Mailing Address**

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

- 6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

JAMES KALLUSKY/THE FOUNDATION 645 FIFTH AVENUE, 5TH FL., NEW YORK, NY 10  
Contact person Street address City State ZIP Code  
212-891-2309  
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:

(212) 891-2309  
Telephone number (include area code)

\_\_\_\_\_  
Fax number (include area code)

\_\_\_\_\_  
E-mail address

WWW.LAUREUSUSA.COM

\_\_\_\_\_  
Web site

8. Type of organization (check one):

☒ Nonprofit corporation  
☐ Partnership

☐ Foundation  
☐ Trust

☐ Individual  
☐ Other (Specify) \_\_\_\_\_

☐ Association

☐ Society

**Taxpayer Copy**  
Form CRI-300R Page 1

9. Where and when was the organization legally established? Date: 02/05/2002 State: DE  
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? ☐ Yes ☒ No  
If "Yes," indicate all of the other names used: \_\_\_\_\_
11. Does the organization intend to solicit contributions from the general public? ☒ Yes ☐ No
12. Is the organization authorized by any other state or jurisdiction to solicit contributions? ☒ Yes ☐ No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper. SEE STATEMENT 1  
\_\_\_\_\_  
\_\_\_\_\_
13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? ☐ Yes ☒ No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.
14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration. SEE STATEMENT 2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. SEE STATEMENT 3  
\_\_\_\_\_  
\_\_\_\_\_
15. Does the organization use an independent paid fund-raiser or fund-raising counsel? ☐ Yes ☒ No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
- 15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? ☐ Yes ☒ No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_
16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? ☐ Yes ☒ No  
If "Yes," please explain: \_\_\_\_\_
17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? ☒ Yes ☐ No
- a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. ☐ Yes ☒ No
- b. Has a tax exemption been granted under another I.R.S. code? ☐ Yes ☒ No  
If "Yes," advise which one: \_\_\_\_\_
- c. Has an I.R.S. tax exemption been refused, changed or revoked? ☐ Yes ☒ No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

**Taxpayer Copy**

090302  
04-01-20

Form CRI-300R

Page 2

2

17000923 152490 41552B

2020.04020 LAUREUS SPORT FOR GOOD FO 41552B\_1





# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: LAUREUS SPORT FOR GOOD FOUNDATION USA

Fiscal year-end being reported: 12/31/2020  
month day year

Federal ID Number (EIN) 30-0047132

Mailing address:

645 FIFTH AVENUE, NEW YORK, NY 10022

Mailing Address

P.O. Box Number or Suite

City

State

ZIP Code

Street address of the registering organization:

Street Address

City

State

ZIP Code

New Jersey Charities Registration number: CH 3690200

Telephone number: (212) 891-2309

(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

☒ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

- |      |   |       |
|------|---|-------|
| (1)  | Direct mail .....   | _____ |
| (2)  | Telephone solicitation .....  | _____ |
| (3)  | Commercial co-venture .....   | _____ |
| (4)  | Gross receipts from fund-raising events .....                       | _____ |
| (5)  | Canisters, counter cards, door to door etc .....                    | _____ |
| (6)  | Corporations and other businesses .....                             | _____ |
| (7)  | Foundations and trusts .....  | _____ |
| (8)  | Donated land, buildings, property, equipment<br>and materials ..... | _____ |
| (9)  | Legacies and bequests .....   | _____ |
| (10) | Membership dues solely resulting from<br>solicitations .....        | _____ |
| (11) | Other support (specify) .....                                       | _____ |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

- |     |  |       |
|-----|--|-------|
| (1) | Federated fund-raising organization .....    | _____ |
| (2) | From an affiliated organization .....        | _____ |
| (3) | From another fund-raising organization ..... | _____ |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

Line A1e. Total Gross Contributions (add lines A1b and A1d) .....

# Taxpayer Copy

Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) \_\_\_\_\_

## B. Expenses

Line B1. Program expenses \_\_\_\_\_

Line B2. Management and general expenses \_\_\_\_\_

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

## C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

## D. Fund Balance

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

# Taxpayer Copy

**Long-Form Renewal Registration Statement**  
**Form CRI-300RC**  
**Confidential Information**

Organization's Name: LAUREUS SPORT FOR GOOD FOUNDATION USA

N.J. Charities Registration Number: CH- 3690200 -00

Federal ID Number (EIN) 30-0047132

Fiscal Year-End being reported: 12/31/2020  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? ☐ Yes ☒ No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

**Taxpayer Copy**

FORM CRI-300R

LIST OF OTHER STATES  
PAGE 2, LINE 12

STATEMENT 1

OTHER STATESCALIFORNIA  
FLORIDA  
NEW YORK  
DELAWARE

FORM CRI-300R

DESCRIPTION OF SPECIFIC PROGRAMS  
AND CHARITABLE PURPOSES  
PAGE 2, LINE 14

STATEMENT 2

DESCRIPTION

LAUREUS SPORT FOR GOOD FOUNDATION USA'S MISSION IS TO CHANGE THE LIVES OF YOUTH AND STRENGTHEN COMMUNITIES THROUGH THE POWER OF SPORT. IT ACCOMPLISHES THIS BY CENTRALLY ORGANIZING AND LEASING THE SPORT FOR GOOD MOVEMENT, EMPOWERING COMMUNITIES TO TACKLE SOCIAL INEQUALITY BY INVESTING IN ORGANIZATIONS THAT USE SPORT AS A TOOL FOR SOCIAL CHANGE. LAUREUS USA SUPPORTS THEIR DELIVERY OF QUALITY, SUSTAINABLE PROGRAMMING. THESE EFFORTS LEAD TO DEMONSTRATED CHANGES IN THE HEALTH, EDUCATIONAL ATTAINMENT, EMPLOYABILITY AND SOCIAL COHESION OF YOUTH IN UNDERSERVED COMMUNITIES.

FORM CRI-300R

SPECIFIC PROGRAMS AND CHARITABLE PURPOSES  
PAGE 2, LINE 14A

STATEMENT 3

PROGRAMS/CHARITABLE PURPOSEALREADY EXISTS-COACHING GRANTS  
ALREADY EXISTS-CHAPTERS & MEMBERSHIP  
ALREADY EXISTS-RESEARCH & EVALUATION

# Taxpayer Copy

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 4

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BENITA FITZGERALD MOSLEY

CHIEF EXECUTIVE  
OFFICER

ADDRESS

645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JAMES KALLUSKY

CHIEF OPERATING  
OFFICER

ADDRESS

645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

EDWIN MOSES

BOARD CHAIR

ADDRESS

645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

SALARY

0.

Taxpayer Copy

NAME OF INDIVIDUALTITLETELEPHONE NO.

DANIEL C. MAWICKE

BOARD TREASURER

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

THOMAS DANZIGER

BOARD SECRETARY

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

CATHY GRIFFIN

BOARD MEMBER

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

NADIA COMANECI

BOARD MEMBER

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

# Taxpayer Copy



NAME OF INDIVIDUALTITLETELEPHONE NO.

ALAIN BRENARD

BOARD MEMBER

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MARK RATCLIFFE

BOARD MEMBER

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JOSEPH AGRESTA

BOARD MEMBER

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MICHAEL JOHNSON

BOARD MEMBER

ADDRESS645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022SALARY

0.

# Taxpayer Copy

LAUREUS SPORT FOR GOOD FOUNDATION USA

30-0047132

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARCUS ALLEN

BOARD MEMBER

ADDRESS

645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

GUY SANAN

BOARD MEMBER

ADDRESS

645 FIFTH AVENUE, NO. 5TH FL  
NEW YORK, NY 10022

SALARY

0.

# Taxpayer Copy

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

**FOR THE YEAR ENDING**  
DECEMBER 31, 2020

---

**PREPARED FOR:**

LAUREUS SPORT FOR GOOD FOUNDATION USA  
645 FIFTH AVENUE NO. 5TH FL  
NEW YORK, NY 10022

---

**PREPARED BY:**

CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA  
NEW YORK, NY 10004

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$275

---

**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF LAW

---

**MAIL TAX RETURN TO:**

NYS OFFICE OF ATTORNEY GENERAL  
CHARITIES BUREAU REGISTRATION SECTION  
28 LIBERTY STREET  
NEW YORK, NY 10005

---

**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

---

**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED  
AND DATED.

# Taxpayer Copy

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2020**

**Open to Public  
Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **01/01/2020** and Ending (mm/dd/yyyy) **12/31/2020**

Check if Applicable: Address Change Name Change Initial Filing Final Filing Amended Filing Reg ID Pending	Name of Organization: <b>LAUREUS SPORT FOR GOOD FOUNDATION USA</b>	Employer Identification Number (EIN): <b>30-0047132</b>
	Mailing Address: <b>645 FIFTH AVENUE, NO. 5TH FL</b>	NY Registration Number: <b>20-04-76</b>
	City / State / ZIP: <b>NEW YORK, NY 10022</b>	Telephone: <b>212 891-2309</b>
	Website: <b>WWW.LAUREUSUSA.COM</b>	Email:

Check your organization's registration category: 7A only EPTL only ☒ DUAL (7A & EPTL) EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:

Signature

Print Name and Title

Date

Chief Financial Officer or Treasurer:

Signature

Print Name and Title

Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

**3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

**3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes ☒ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes ☒ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

**CHAR500**

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

**Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)

If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

- ☒ Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b

\$25, if the NET WORTH is less than \$50,000

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

- ☒ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000

\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$1500, if the NET WORTH is \$50,000,000 or more

**Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Need Assistance?Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)

Call: (212) 416-8401

Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)**Taxpayer Copy**

**LAUREUS SPORT  
FOR GOOD FOUNDATION  
USA**

**Financial Statements  
For the Years Ended  
December 31, 2020  
and  
December 31, 2019**

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**Independent Auditor's Report**

To the Board of Directors of  
Laureus Sport for Good Foundation USA

We have audited the accompanying financial statements of Laureus Sport for Good Foundation USA which comprise the statement of financial position as of December 31, 2020 and December 31, 2019 and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to an entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of an entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Laureus Sport for Good Foundation USA as of December 31, 2020 and December 31, 2019 and the results of its activities and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Condon O'Meara McGinty & Donnelly LLP*  
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June 16, 2021

# LAUREUS SPORT FOR GOOD FOUNDATION USA

## Statement of Financial Position

### Assets

	<b>December 31</b>	
	<b>2020</b>	<b>2019</b>
<b>Current assets</b>		
Cash and cash equivalents	\$ 5,929,986	\$ 3,803,216
Cash restricted for fiscal agent transaction	847,728	900,000
Contributions receivable	588,917	3,187,015
Prepaid expenses	-	1,217
Total current assets	7,366,631	7,891,448
<b>Equipment at cost, net</b>	-	386
<b>Total assets</b>	<b>\$ 7,366,631</b>	<b>\$ 7,891,834</b>

### Current Liabilities and Net Assets

<b>Current liabilities</b>		
Accounts payable and accrued expenses	\$ 471,788	\$ 1,139,114
Fiscal agent transaction	847,728	900,000
Total current liabilities	1,319,516	2,039,114
<b>Net assets</b>		
Without donor restrictions		
Operating	1,477,580	1,473,279
Board-designated	1,000,000	-
Total without donor restrictions	2,477,580	1,473,279
With donor restrictions	3,569,535	4,379,441
Total net assets	6,047,115	5,852,720
<b>Total current liabilities and net assets</b>	<b>\$ 7,366,631</b>	<b>\$ 7,891,834</b>

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See notes to financial statements.



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## Public support and revenue Contributions

Sponsorship  
Special fundraising events, net of contributions of \$-0- in 2020 and \$76,466 in 2019 and net of direct donor benefits of \$-0- in 2020 and \$80,775 in 2019  
Fees for service  
Donated goods and services  
Interest and other  
Net assets released from restrictions  
Total public support and

## Expenses

Program services  
Supporting activities  
Management and general  
Fundraising  
Total supporting activities  
Total expenses

**Increase (decrease) in net assets**

Net assets, beginning of year

Net assets, end of year

See notes to financial statements.

# LAUREUS SPORT FOR GOOD FOUNDATION USA

## Statement of Functional Expenses For the Year Ended December 31, 2020 (with Summarized Comparative Totals for the Year Ended December 31, 2019)

	2020			2019
	Supporting Activities			
	Program Services	Management and General	Fundraising	Total
Grants	\$2,323,000	\$ -	\$ -	\$1,835,445
Employment management fees	752,697	178,338	150,596	1,601,969
Payroll taxes and employee benefits	160,768	36,829	36,627	196,816
Professional fees	6,000	96,336	-	312,469
Travel and meetings	16,980	13,314	11,130	302,624
National summit/fashion show	27,968	-	7,246	737,238
Marketing and public relations	26,994	-	10,803	130,448
Partnerships, research and advocacy	73,647	-	-	244,895
Donated goods and services	131,580	32,151	37,130	200,861
Program training	59,429	-	-	99,615
Telephone and technology	30,084	8	-	54,301
Office supplies and other	45,697	16,380	8,670	59,130
Uncollectible receivable	-	10,000	-	-
Depreciation	-	386	-	1,223
<b>Total</b>	<b>\$3,654,844</b>	<b>\$ 383,742</b>	<b>\$ 262,202</b>	<b>\$5,777,034</b>

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LAUREUS SPORT FOR GOOD FOUNDATION USA

Statement of Functional Expenses  
For the Year Ended December 31, 2019

	Program Services	Supporting Activities		Total
		Management and General	Fundraising	
Grants	\$1,835,445	\$ -	\$ -	\$1,835,445
Employment management fees	1,072,235	227,290	302,444	1,601,969
Payroll taxes and employee benefits	142,819	24,010	29,987	196,816
Professional fees	80,536	112,915	119,018	312,469
Travel and meetings	201,390	62,366	38,868	302,624
National summit/fashion show	364,932	-	372,306	737,238
Marketing and public relations	101,743	-	28,705	130,448
Partnerships, research and advocacy	244,895	-	-	244,895
Donated goods and services	135,580	28,151	37,130	200,861
Program training	99,615	-	-	99,615
Telephone and technology	51,854	2,161	286	54,301
Office supplies and other	34,594	14,208	10,328	59,130
Depreciation	-	1,223	-	1,223
<b>Total</b>	<b>\$4,365,638</b>	<b>\$ 472,324</b>	<b>\$ 939,072</b>	<b>\$5,777,034</b>

See notes to financial statements.

## LAUREUS SPORT FOR GOOD FOUNDATION USA

## Statement of Cash Flows

	For the Year Ended December 31	
	2020	2019
<b>Cash flows from operating activities</b>		
Increase (decrease) in net assets	\$ 194,395	\$ (2,058,062)
Adjustments to reconcile increase (decrease) in net assets to net increase in cash and cash equivalents		
Depreciation	386	1,223
Decrease in current assets		
Contributions receivable	2,598,098	3,011,060
Prepaid expenses	1,217	-
Increase (decrease) in current liabilities		
Accounts payable and accrued expenses	(667,326)	464,858
Grants payable	-	(50,000)
Fiscal agent transaction	(52,272)	900,000
<b>Net increase in cash and cash equivalents</b>	<b>2,074,498</b>	<b>2,269,079</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>4,703,216</b>	<b>2,434,137</b>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 6,777,714</b>	<b>\$ 4,703,216</b>
<b>Consists of:</b>		
Cash and cash equivalents - operations	\$ 5,929,986	\$ 3,803,216
Cash restricted for fiscal agent transaction	847,728	900,000
<b>Total cash and cash equivalents</b>	<b>\$ 6,777,714</b>	<b>\$ 4,703,216</b>

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See notes to financial statements.

## LAUREUS SPORT FOR GOOD FOUNDATION USA

### Notes to Financial Statements December 31, 2020 and December 31, 2019

#### **Note 1 – Nature of organization**

The Laureus Sport for Good Foundation USA (the “Foundation”) is a Delaware not-for-profit corporation, incorporated in 2002, whose mission is to improve the lives of youth and unite communities through the power of sport. The Foundation accomplishes this by investing in organizations that use sport as a tool for social change, and supporting their delivery of quality, sustainable programming. These efforts lead to targeted increases in the health, education, employability and social cohesion of youth in underserved communities.

The Foundation is part of an international network which includes the global Laureus Sport for Good Foundation, the Laureus World Sports Academy, and the Laureus World Sports Awards. The accompanying financial statements are independent from any similar organization and are not part of another entity’s financial information.

#### **Note 2 – Summary of significant accounting policies**

##### Basis of presentation

The Foundation’s financial statements have been prepared on the accrual basis of accounting in accordance with Accounting Standards Generally Accepted in the United States of America. The Foundation’s significant accounting policies are described on the following pages.

##### Net assets

The Foundation’s net assets revenues, expenses, gains, losses, and other support are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions – operating – those net assets that are not subject to donor-imposed restrictions and amounts can be spent at the discretion of the Foundation for general operations.

Net assets without donor restrictions – board-designated – net assets that are not subject to donor-imposed restrictions but have been designated by the Board for future use. In 2020, a \$1,000,000 corporate contribution was designated to be used in 2021 for general operations.

Net assets with donor restrictions – those net assets whose use by the Foundation has been limited by the donors (a) to later periods of time or after specified dates and/or (b) to specified purposes.

##### Cash equivalents

The Foundation considers highly liquid investments with original maturities of 90 days or less at the date of acquisition to be cash equivalents.

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**LAUREUS SPORT FOR GOOD FOUNDATION USA****Notes to Financial Statements (continued)  
December 31, 2020 and December 31, 2019****Note 2 – Summary of significant accounting policies (continued)****Allowance for doubtful accounts**

As of December 31, 2020 and December 31, 2019, the Foundation's management has determined that there are no potentially uncollectible receivables and thus, an allowance for doubtful accounts is not necessary. Such estimate is based on management's experience, the aging of the receivables, subsequent receipts and current economic conditions.

**Equipment**

Purchases of equipment above a nominal amount with a useful life greater than one year are capitalized at cost. Depreciation of equipment is computed on the straight line method over an estimated useful life of 3 years.

**Contributions**

The Foundation reports contributions as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor stipulation expires, that is, when a stipulated time restriction ends or the purpose for restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

**Functional expenses**

The costs of providing the various programs and other supporting activities have been summarized on a functional basis on the accompanying statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated between the program services and supporting activities benefited. Natural expenses attributable to more than one functional expense category are allocated based on time and effort reporting.

**Donated goods and services**

Members of the Board and other volunteers donate significant amounts of time to the Foundation's activities. These donated services have not been recorded in the accompanying statement of activities because they do not meet the criteria for recording such services. Donated goods are estimated at their fair value and reported as both public support and revenue and expenses in the period in which they are used. Donated rent and supporting office services are allocated among program, management and general and fundraising expenses.

**Use of estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from these estimates.

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# LAUREUS SPORT FOR GOOD FOUNDATION USA

## Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

### Note 2 – Summary of significant accounting policies (continued)

#### Concentrations of credit risk

The Foundation's financial instruments that are potentially exposed to concentrations of credit risk consist of cash, cash equivalents and contributions receivable. The Foundation places its cash and cash equivalents with what it believes to be quality financial institutions. At times during the year, the balances in the Foundation's cash and cash equivalents accounts were in excess of the FDIC insurance limit; however, the Foundation has not experienced any losses in these accounts to date. The contributions receivable consist of amounts due from only a few donors. The Foundation monitors the collectability of its receivables. As a consequence, the Foundation believes concentrations of credit risk are limited with respect to its cash, cash equivalents and contributions receivable.

#### Risks and uncertainties

On March 13, 2020, a national emergency was declared due to extraordinary circumstances resulting from the novel coronavirus 2019 (COVID-19) pandemic. As a direct result of this executive order and in response to previously and subsequently issued State and Local Government guidelines, the Foundation's programming activities, facilities and operations were limited and subject to restrictions set forth by State and Local Government. Management believes that the COVID-19 pandemic may have an impact on its financial condition, results of operations and outlook for year ending December 31, 2021. The extent to which the COVID-19 pandemic may impact business activity and the Foundation's operations will depend on future developments, which are uncertain and cannot be predicted. Management is closely monitoring developments as made available to assess the impact, if any, on the Foundation.

#### Subsequent events

The Foundation has evaluated events and transactions for potential recognition or disclosure through June 16, 2021, which is the date the financial statements were available to be issued.

### Note 3 – Financial assets and liquidity resources

The Foundation's working capital and cash flows vary due to the timing of payments received for contributions. The following reflects the Foundation's financial assets as of December 31, 2020 and December 31, 2019, reduced by amounts not available for general use within one year because of donor-imposed restrictions, if any:

	<u>2020</u>	<u>2019</u>
<b>Financial assets</b>		
Cash and cash equivalents	\$ 5,929,986	\$ 3,803,216
Contributions receivable	588,917	3,187,015
Total	<u>\$ 6,518,903</u>	<u>\$ 6,990,231</u>

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# LAUREUS SPORT FOR GOOD FOUNDATION USA

## Notes to Financial Statements (continued) December 31, 2020 and December 31, 2019

### Note 4 – Contributions receivable, net

As of December 31, 2020 and December 31, 2019, contributions receivable are due to be collected in the subsequent year.

### Note 5 – Net assets with donor restrictions

The following is a summary of the activity of the net assets with donor restrictions for the year ended December 31, 2020 and December 31, 2019:

	2020			
	Balance at December 31, 2019	Contributions	Net Assets Released Restrictions	Balance at December 31, 2020
Youth-Based Sports Development Coaches	\$ 4,379,441	\$ 3,120,158	\$ (3,930,064)	\$ 3,569,535

	2019			
	Balance at December 31, 2018	Contributions	Net Assets Released Restrictions	Balance at December 31, 2019
Youth-Based Sports Development Coaches	\$ 6,587,705	\$ 1,949,000	\$ (4,157,264)	\$ 4,379,441

### Note 6 – Fiscal agent transaction

During 2020, the Foundation received funds totaling \$847,728 which were held as a pass-through for Laureus Sports Global. The funds were paid in 2021. During 2019, the Foundation received funds totaling \$2,000,000 of which \$900,000 was held as a pass-through for Laureus Sports Global. The funds were paid in 2020.

### Note 7 – Employment management fees

The Foundation has an employment management agreement with a corporation that provides a comprehensive personnel management system encompassing a broad range of services, including benefits and payroll administration, health and workers' compensation insurance programs, personnel records management, employer liability management, etc. The agreement is due to expire on December 31, 2021 with the Foundation having the option of renewing the agreement for an additional three-year term.

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**LAUREUS SPORT FOR GOOD FOUNDATION USA****Notes to Financial Statements (continued)  
December 31, 2020 and December 31, 2019****Note 8 – Related party transaction**

During 2020 and 2019, a member of the Board of Directors was an employee of an entity which receives employment management fees from the Foundation. The direct or indirect benefit to the Board member is not determinable.

**Note 9 – Tax status**

The Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the “Code”). In addition, the Foundation is a Section 509(a)(1) organization as defined in the Code and is, therefore, not a private foundation and qualifies for the maximum charitable deduction for donors permitted under the law.

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