

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 for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAUREUS SPORT FOR GOOD FOUNDATION USA		D Employer identification number 30-0047132
	Doing business as		E Telephone number (212) 891-2309
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	645 FIFTH AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		G Gross receipts \$ 3,313,522.
F Name and address of principal officer: DANIEL C. MAWICKE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.LAUREUSUSA.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2002
M State of legal domicile: DE			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DEDICATED TO HELPING AMERICA'S NEEDY YOUTH & YOUNG ADULTS THROUGH THE TRANSFORMATIONAL POWER OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	36
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	3,235.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,870,441.	3,117,943.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	2,031.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	935.	141,472.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,871,376.	3,261,446.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,504,530.	2,343,279.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,319,840.	1,615,241.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 784,398.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,125,995.	2,008,400.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,950,365.	5,966,920.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,078,989.	-2,705,474.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,452,810.	End of Year 8,635,038.
	21 Total liabilities (Part X, line 26)	1,836,554.	724,256.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,616,256.	7,910,782.

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.

Sign Here	Signature of officer	Date			
	DANIEL C. MAWICKE, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAMES J. REILLY	Preparer's signature	Date	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 BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004				

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: SEE SCHEDULE O.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 1,295,726. including grants of \$ 1,189,500.) (Revenue \$) COACHING GRANTS - SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,927,090. including grants of \$ 1,153,779.) (Revenue \$) CHAPTERS & MEMBERSHIP - SEE SCHEDULE O.

4c (Code:) (Expenses \$ 1,472,317. including grants of \$) (Revenue \$) RESEARCH & EVALUATION - SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,695,133.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 - 212-891-2309
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.

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

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

(A) Name and Title	(B) 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) EDWIN MOSES CHAIRMAN	5.00	X		X				0.	0.	0.
(2) DANIEL C. MAWICKE TREASURER	1.00	X		X				0.	0.	0.
(3) THOMAS C. DANZIGER SECRETARY	1.00	X		X				0.	0.	0.
(4) STEVE CANNON DIRECTOR	1.00	X						0.	0.	0.
(5) SANDRA KELLY DIRECTOR	1.00	X						0.	0.	0.
(6) CATHY GRIFFIN DIRECTOR	1.00	X						0.	0.	0.
(7) MARCUS ALLEN DIRECTOR	1.00	X						0.	0.	0.
(8) NADIA COMANECI DIRECTOR	1.00	X						0.	0.	0.
(9) DIETMAR EXLER DIRECTOR	1.00	X						0.	0.	0.
(10) STACEY HALLERMAN DIRECTOR	1.00	X						0.	0.	0.
(11) MARK RATCLIFFE DIRECTOR	1.00	X						0.	0.	0.
(12) JOSEPH AGRESTA DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(14) GUY SANAN DIRECTOR	1.00	X						0.	0.	0.
(15) BENITA FITZGERALD MOSLEY CEO	40.00			X				304,702.	0.	25,790.
(16) JAMES KALLUSKY COO	40.00				X			182,094.	0.	19,818.

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

(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			
1b Sub-total							486,796.	0.	45,608.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							486,796.	0.	45,608.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LEADDOG 440 9TH AVE. 17TH FL, NEW YORK, NY 10001	MARKETING	258,846.
WE COACH 5009 N. SHERIDAN RD. 505, CHICAGO, IL 60640	CONSULTING	125,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	183,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,934,943.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,117,943.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,031.			2,031.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 183,000. of contributions reported on line 1c). See Part IV, line 18	a	183,000.				
		b Less: direct expenses	b	52,076.			
		c Net income or (loss) from fundraising events		130,924.			130,924.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER		900099	10,548.	10,548.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			10,548.			
12 Total revenue. See instructions			3,261,446.	10,548.	0.	132,955.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,338,279.	2,338,279.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	330,492.	201,709.	58,885.	69,898.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,130,884.	686,247.	204,312.	240,325.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	82,795.	53,965.	12,308.	16,522.
10 Payroll taxes	71,070.	46,322.	10,566.	14,182.
11 Fees for services (non-employees):				
a Management				
b Legal	47,316.	47,316.		
c Accounting	43,235.	43,235.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	438,022.	289,342.	110,129.	38,551.
12 Advertising and promotion	280,312.	209,951.		70,361.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	371,304.	196,175.	65,430.	109,699.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,676.			1,676.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NATIONAL SUMMIT/FASHION	534,997.	322,382.		212,615.
b PARTNERSHIPS, RESEARCH	97,663.	97,663.		
c PROGRAM TRAINING	69,403.	69,403.		
d OFFICE SUPPLIES-OTHER	64,521.	36,455.	18,657.	9,409.
e All other expenses	59,951.	51,689.	7,102.	1,160.
25 Total functional expenses. Add lines 1 through 24e	5,966,920.	4,695,133.	487,389.	784,398.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,009,412.	2	2,434,137.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,409,537.	4	6,198,075.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,577.	9	1,217.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,027.		
	b Less: accumulated depreciation	10b 3,418.	3,284.	10c 1,609.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,452,810.	16	8,635,038.	
Liabilities	17 Accounts payable and accrued expenses	936,554.	17	724,256.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	900,000.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,836,554.	26	724,256.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,538,842.	27	1,323,077.
	28 Temporarily restricted net assets	9,077,414.	28	6,587,705.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,616,256.	33	7,910,782.
34 Total liabilities and net assets/fund balances	12,452,810.	34	8,635,038.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,261,446.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,966,920.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,705,474.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,616,256.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,910,782.

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	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	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	
c	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 in Schedule O.	X	
3a	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	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization LAUREUS SPORT FOR GOOD FOUNDATION USA	Employer identification number 30-0047132
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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).

(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						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,278,926.	1,437,590.	15,871,141.	2,870,441.	3,117,943.	31,576,041.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,278,926.	1,437,590.	15,871,141.	2,870,441.	3,117,943.	31,576,041.
5 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)						4,518,192.
6 Public support. Subtract line 5 from line 4.						27,057,849.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	8,278,926.	1,437,590.	15,871,141.	2,870,441.	3,117,943.	31,576,041.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					2,031.	2,031.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		751.	82.	935.	10,548.	12,316.
11 Total support. Add lines 7 through 10						31,590,388.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	85.65 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	87.63 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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"/>

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

2015 AMOUNT: \$ 751.

2016 AMOUNT: \$ 82.

2017 AMOUNT: \$ 935.

2018 AMOUNT: \$ 10,548.

CLIENT COPY

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 for the latest information.

OMB No. 1545-0047

2018

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 foundation

Check 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).

Name of organization LAUREUS SPORT FOR GOOD FOUNDATION USA	Employer identification number 30-0047132
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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	DREW BRES DREAM FOUNDATION 1360 EAST 9TH STREET, SUITE 100 CLEVELAND, OH 44114	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMIC RELIEF INC. 2019 488 MADISON AVE., 10TH FLOOR NEW YORK, NY 10022	\$ 1,000,000.	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., SUITE 221 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	UBS INVESTMENT BANK 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	\$ 112,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RICHEMONT NORTH AMERICA THREE ENTERPROSE DRIVE SHELTON, CT 06484	\$ 1,015,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESPN ESPN PLAZA BRISTOL, CT 06010	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LAUREUS SPORT FOR GOOD FOUNDATION USA	Employer identification number 30-0047132
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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	NICKELODEON 1515 BROADWAY, 44TH FLOOR NEW YORK, NY 10036	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NIKE USA ONE BOWERMAN DRIVE BEAVERTON, OR 97005	\$ 78,000.	Person <input 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.)

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

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
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 (e.g., 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?

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)?

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance	9,077,414.	11,288,413.	5,123,389.	8,891,400.	116,277.
b Contributions	1,688,148.	1,668,379.	14,655,914.	396,000.	11,081,846.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	4,177,857.	3,879,378.	8,490,890.	4,164,011.	2,306,723.
f Administrative expenses					
g End of year balance	6,587,705.	9,077,414.	11,288,413.	5,123,389.	8,891,400.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment 100.00 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,027.	3,418.	1,609.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,609.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and a Total row.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). A Total row is at the bottom.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,462,503, adjusted to 3,261,446.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 6,167,977, adjusted to 5,966,920.

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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		FASHION SHOW GALA (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	366,000.		366,000.
	2	Less: Contributions	183,000.		183,000.
	3	Gross income (line 1 minus line 2)	183,000.		183,000.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	52,076.		52,076.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			52,076.
	11	Net income summary. Subtract line 10 from line 3, column (d)			130,924.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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 for the latest information.**

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UP2US SPORTS 520 8TH AVENUE ROOM 201D NEW YORK, NY 10018	80-0535933	501(C)(3)	535,000.	0.			GENERAL SUPPORT
PLAYWORKS EDUCATION ENERGIZED CA 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	500,000.	0.			GENERAL SUPPORT
ALLIANCE FOR A HEALTHIER GENERATION - 1633 BROADWAY, 5TH FLOOR - NEW YORK, NY 10019	27-2028303	501(C)(3)	75,000.	0.			GENERAL SUPPORT
L.E.A.D., INC 266 WEST PACES FERRY RD. SUITE 429 ATLANTA, GA 30327	06-1820196	501(C)(3)	66,250.	0.			GENERAL SUPPORT
SOCCER IN THE STREETS 130 BOULEVARD AVE NE SUITE 4 ATLANTA, GA 30312	58-1874451	501(C)(3)	60,000.	0.			GENERAL SUPPORT
DANCING GROUNDS 3705 ST. CLAUDE AVE. NEW ORLEANS, LA 70117	45-5084235	501(C)(3)	52,500.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 60.
- 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) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
YOUTH RUN NOLA 1307 ORETHA CASTLE HALEY, SUITE 202 NEW ORLEANS, LA 70117	45-5359783	501(C)(3)	46,880.	0.			GENERAL SUPPORT
ELEVATE NEW ORLEANS, INC 1600 CONSTANCE STREET NEW ORLEANS, LA 70130	32-0340381	501(C)(3)	45,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN NEW ORLEANS 7100 ST. CHARLES AVENUE 1ST FLOOR NEW ORLEANS, LA 70118	27-2773219	501(C)(3)	41,880.	0.			GENERAL SUPPORT
DIRECTED INITIATIVE FOR YOUTH, INC DBA EXCITE ALL STARS - 8111 LOMOND ROAD - NEW ORLEANS, LA 70126	26-4459825	501(C)(3)	40,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF ATLANTA 1904 MONROE DR, NE, STE. 100 ATLANTA, GA 30324	58-2568271	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THE FIRST TEE OF ATLANTA 1053 CASCADE CIRCLE, SW ATLANTA, GA 30311	58-2414794	501(C)(3)	36,250.	0.			GENERAL SUPPORT
FIELD OF DREAMS ACADEMY 4147 SCOTFIELD PLACE SUITE 100 ATLANTA, GA 30083	80-0152809	501(C)(3)	30,000.	0.			GENERAL SUPPORT
DON'T EVER GIVE UP INC. 14600 WESTON PARKWAY CARY, NC 27513	47-5304184	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NEW ORLEANS RECREATION DEVELOPMENT FOUNDATION - 935 GRAVIER ST., SUITE 820 - NEW ORLEANS, LA 70112	27-4513946	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
YOGA 504 YOUTH/ Y.O.G.A. FOR YOUTH NEW ORLEANS - 517 SORAPARU STREET, LOFT105 - NEW ORLEANS, LA 70130	31-1623522	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICA SCORES LOS ANGELES 3685 MOTOR AVENUE SUITE 110 LOS ANGELES, CA 90034	65-1163540	501(C)(3)	22,500.	0.			GENERAL SUPPORT
BICYCLE COALITION YOUTH CYCLING 1500 WALNUT ST. SUITE 1107 PHILADELPHIA, PA 19102	23-2586631	501(C)(3)	22,500.	0.			GENERAL SUPPORT
EXCITE ALLSTARS 8111 LOMOND ROAD NEW ORLEANS, LA 70126	26-4459825	501(C)(3)	22,500.	0.			GENERAL SUPPORT
PROJECT PEACEFUL WARRIORS 935 S. JOHNSON ST. NEW ORLEANS, LA 70125	81-1925697	501(C)(3)	22,500.	0.			GENERAL SUPPORT
REACHING FOR THE STARS 2405 TOURO STREET NEW ORLEANS, LA 70119	82-1883821	501(C)(3)	22,500.	0.			GENERAL SUPPORT
ATLANTA TRACK CLUB 201 ARMOUR DRIVE ATLANTA, GA 30324	58-1367422	501(C)(3)	21,500.	0.			GENERAL SUPPORT
SOUTH BRONX UNITED, INC. 594 GRAND COUNCOURSE, SUITE 2 NEW YORK, NY 10451	26-4064041	501(C)(3)	21,000.	0.			GENERAL SUPPORT
AMERICA SCORES CHICAGO 600 WEST CERNAK ROAD, SUITE 204 CHICAGO, IL 60616	36-4386992	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
AMERICA SCORES NY 520 8TH AVE., SUITE 201C NEW YORK, NY 10018	13-4189653	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ATLANTA YOUTH TENNIS & EDUCATION FOUNDATION (AYTEF) - 1200 ASHWOOD PARKWAY SUITE 500 - ATLANTA, GA 30338	04-3750678	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CATALYST GROUP NOLA, INC 615 BARRONNE STREET, SUITE 202 NEW ORLEANS, LA 70113	81-4765493	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CHICAGO TRAINING CENTER PO BOX 7076 CHICAGO, IL 60680	30-5261899	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FIGURE SKATING IN HARLEM, INC 361 W 125TH STREET, 4TH FLOOR NEW YORK, NY 10027	13-3945168	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FIRSTWORKS SOCCER INC. 7018 ROSELAKE CIRCLE ATLANTA, GA 30314	81-2866211	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GIRLS IN THE GAME 1401 S. SACRAMENTO DRIVE DOUGLAS PA CHICAGO, IL 60623	36-4024533	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GROOVE WITH ME, INC. 186 E 123RD ST FL 2 NEW YORK, NY 10035	13-3919147	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HAROLD HUNTER FOUNDATION 151 1ST AVENUE, #210 NEW YORK, NY 10003	20-5126705	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
KIDSGYM USA PO BOX 491414 COLLEGE PARK, GA 30349	58-1695749	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LOST BOYZ, INC 7601 SOUTH PHILLIPS AVENUE CHICAGO, IL 60649	26-3317656	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ROW NEW YORK 252 WEST 37TH STREET 4TH FLOOR NEW YORK, NY 10018	11-3632924	501(C)(3)	20,000.	0.			GENERAL SUPPORT
STARFINDER FOUNDATION 4015 MAIN STREET PHILADELPHIA, PA 19127	04-3649918	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HARLEM LACROSSE P.O. BOX 708 NEW YORK, NY 10030	45-1634118	501(C)(3)	16,000.	0.			GENERAL SUPPORT
C.E.T.A FOUNDATION 950 CRANBROOK GLEN LANE SNELLVILLE, GA 30078	20-0750852	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHICAGO RUN 3611 NORTH KEDZIE CHICAGO, IL 60618	26-1505779	501(C)(3)	15,000.	0.			GENERAL SUPPORT
I CHALLENGE MYSELF 252 WEST 37TH STREET NEW YORK, NY 10018	56-2423423	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LOOP NOLA 1 PAM DRIVE NEW ORLEANS, LA 70124	47-5432248	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
TEACH A CHILD TO FISH 2011 TWINS FALLS RD ATLANTA, GA 30032	27-1031432	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YOUTH MENTORING CONNECTION 1818 S. WESTERN AVENUE, SUITE 505 LOS ANGELES, CA 90006	95-4845105	501(C)(3)	12,500.	0.			GENERAL SUPPORT
ALL STARS HELPING KIDS 4675 STEVENS CREEK BLVD. SANTA CLARA, CA 95051	77-0325111	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BERGEN FAMILY CENTER 44 ARMORY STREET ENGLEWOOD, NJ 07631	22-1487611	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DIBIA DREAM 66 NE 39TH STREET, SUITE 892 MIAMI, FL 33137	47-1895077	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MARY MITCHELL FAMILY & YOUTH CENTER, INC - 2007 MAPES AVE - BRONX, NY 10460	13-3385032	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEARING BIKE SHOP 982 MURPHY AVENUE SW ATLANTA, GA 30310	45-4335893	501(C)(3)	8,600.	0.			GENERAL SUPPORT
A WORLD FIT FOR KIDS! 678 S. LA FAYETTE PARK PLACE LOS ANGELES, CA 90057	33-0550994	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CATCH THE STARS FOUNDATION PO BOX 53337 INDIANAPOLIS, IN 46253	05-0604202	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
PHILLY GIRLS IN MOTION 40 W. TURNBULL AVE HAVERTOWN, PA 19083	27-2888491	501(C)(3)	7,500.	0.			GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND, INC 229 PEACHTREE STREET, N.E. SUITE 28 ATLANTA, GA 30303	13-1624241	501(C)(3)	7,500.	0.			GENERAL SUPPORT
WOODCRAFT RANGERS 340 E 2ND ST STE 200 LOS ANGELES, CA 90012	95-1729319	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BLAZESPORTS AMERICA 1670 OAKBROOK DRIVE, SUITE 331 NORCROSS, GA 30093	58-2087265	501(C)(3)	6,250.	0.			GENERAL SUPPORT
I2 DREAM BIG FOUNDATION, INC. 2813 TOPAZ ROAD RIVERDALE, GA 30296	27-2530567	501(C)(3)	6,250.	0.			GENERAL SUPPORT
PLAYWORKS GEORGIA 1708 PEACHTREE ST. NW, SUITE 320 ATLANTA, GA 30309	94-3251867	501(C)(3)	6,250.	0.			GENERAL SUPPORT
THE GENERATIONAL WEALTH FOUNDATION 1001 GARDEN VIEW DR. APT 407 ATLANTA, GA 30319	83-1497758	501(C)(3)	6,250.	0.			GENERAL SUPPORT
THE ISEEME SOCIETY 925B PEACHTREE STREET NE STE 480 ATLANTA, GA 30309	82-4439232	501(C)(3)	6,250.	0.			GENERAL SUPPORT
YMCA OF METRO ATLANTA 101 MARIETTA STREET NW, SUITE 1100 ATLANTA, GA 30303	58-0566253	501(C)(3)	6,250.	0.			GENERAL SUPPORT

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 UP2US SPORTS HIGH IMPACT

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.

CLIENT COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2018

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

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 filing 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

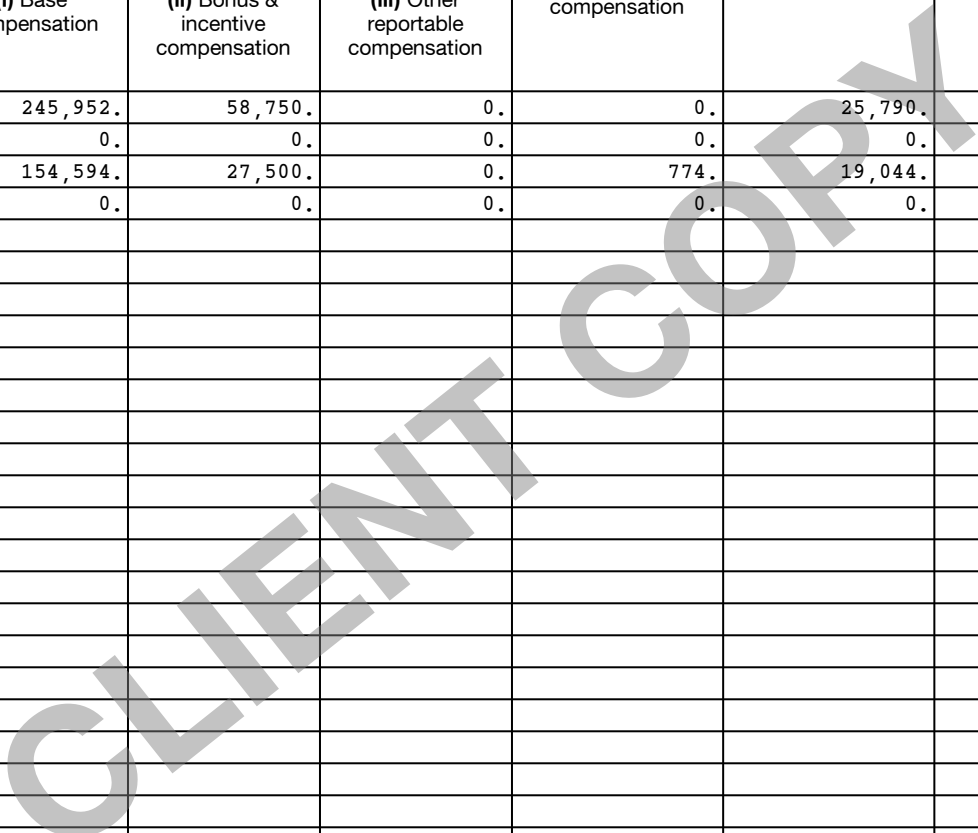
Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BENITA FITZGERALD MOSLEY CEO	(i)	245,952.	58,750.	0.	0.	25,790.	330,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES KALLUSKY COO	(i)	154,594.	27,500.	0.	774.	19,044.	201,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

LAUREUS SPORT FOR GOOD FOUNDATION USA

Employer identification number

30-0047132

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

SPORT BY SUPPORTING SPORT-BASED YOUTH DEVELOPMENT PROGRAMS ACROSS THE
UNITED STATES.

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

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 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

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 PLAYWORKS, 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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

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 4B

CHAPTERS & MEMBERSHIP - LAUREUS 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

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.

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

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 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:

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

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
 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.

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

KEY PERFORMANCE INDICATORS HAVE BEEN DETERMINED AND A PERFORMANCE

MANAGEMENT PROCESS IS TO BE IMPLEMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

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

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

CLIENT COPY

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) LAUREUS SPORT FOR GOOD FOUNDATION USA	D Employer identification number (Employees' trust, see instructions.) 30-0047132
		Number, street, and room or suite no. If a P.O. box, see instructions. 645 FIFTH AVENUE, NO. 5TH FL	E Unrelated business activity code (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022	

C Book value of all assets at end of year 8,635,038.	F Group exemption number (See instructions.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ _____ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ JAMES KALLUSKY/THE FOUNDATION Telephone number ▶ 212-891-2309

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)		(Except for contributions, deductions must be directly connected with the unrelated business income.)	
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	0.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Description, and Yes/No columns. Includes questions 56-58 regarding foreign activities and tax-exempt interest.

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.

Sign Here section containing Signature of officer, Date, and TREASURER Title.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only section containing Preparer's name (JAMES J. REILLY), signature, date, firm name, address, and EIN.

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **LAUREUS SPORT FOR GOOD FOUNDATION USA**

California corporation number: **9802835**

Additional information. See instructions.

FEIN: **30-0047132**

Street address (suite or room): **645 FIFTH AVENUE, NO. 5TH FL**

PMB no.:

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 If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P 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	195,579	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,117,943	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	3,313,522	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	3,313,522	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,018,996	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-2,705,474	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	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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.

Sign Here

Signature of officer: _____ Title: **TREASURER** Date: _____ Telephone: _____

Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00183769**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address: **CONDON O'MEARA MCGINTY & DONNELLY LLP**
ONE BATTERY PARK PLAZA, 7TH FL.
NEW YORK, NY 10004

Firm's FEIN: **13-3628255** Telephone: **212-661-7777**

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

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.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	183,000	00	
	2	Interest	•	2	2,031	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 2	•	7	10,548	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	195,579	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	•	9	2,343,279	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	330,492	00	
	12	Other salaries and wages	•	12	1,130,884	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	71,070	00
		15	Rents	•	15	371,304	00
		16	Depreciation and depletion (See instructions)	•	16	1,676	00
		17	Other Expenses and Disbursements SEE STATEMENT 5	•	17	1,770,291	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,018,996	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,009,412	•	2,434,137
2 Net accounts receivable		9,409,537	•	6,198,075
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	(1,743)	3,284	(3,418)	1,609
11 Land			•	
12 Other assets STMT 6		30,577	•	1,217
13 Total assets		12,452,810		8,635,038
Liabilities and net worth				
14 Accounts payable		936,554	•	724,256
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 7		900,000		
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		10,616,256	•	7,910,782
22 Total liabilities and net worth		12,452,810		8,635,038

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	•	-2,705,474	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	-2,705,474
6 Total. Add line 1 through line 5		-2,705,474		

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DREW BREES DREAM FOUNDATION	1360 EAST 9TH STREET, SUITE 100 CLEVELAND, OH 44114		100,000.
COMIC RELIEF INC. 2019	488 MADISON AVE., 10TH FLOOR NEW YORK, NY 10022		1,000,000.
NATIONAL RECREATION FOUNDATION	736 N. WESTERN AVE., SUITE 221 LAKE FOREST, IL 60045		100,000.
UBS INVESTMENT BANK	1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019		112,000.
RICHEMONT NORTH AMERICA	THREE ENTERPROSE DRIVE SHELTON, CT 06484		1,015,000.
ESPN	ESPN PLAZA BRISTOL, CT 06010		135,000.
NICKELODEON	1515 BROADWAY, 44TH FLOOR NEW YORK, NY 10036		65,000.
NIKE USA	ONE BOWERMAN DRIVE BEAVERTON, OR 97005		78,000.
TOTAL INCLUDED ON LINE 3			2,605,000.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
OTHER	10,548.
TOTAL TO FORM 199, PART II, LINE 7	10,548.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 3

ACTIVITY CLASSIFICATION: GENERAL SUPPORT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UP2US SPORTS	520 8TH AVENUE ROOM 201D - NEW YORK, NY 10018	NONE	535,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLAYWORKS EDUCATION ENERGIZED CA	380 WASHINGTON STREET - OAKLAND, CA 94607	NONE	500,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALLIANCE FOR A HEALTHIER GENERATION	1633 BROADWAY, 5TH FLOOR - NEW YORK, NY 10019	NONE	75,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
L.E.A.D., INC	266 WEST PACES FERRY RD. SUITE 429 - ATLANTA, GA 30327	NONE	66,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOCCER IN THE STREETS	130 BOULEVARD AVE NE SUITE 4 - ATLANTA, GA 30312	NONE	60,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DANCING GROUNDS	3705 ST. CLAUDE AVE. - NEW ORLEANS, LA 70117	NONE	52,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH RUN NOLA	1307 ORETHA CASTLE HALEY, SUITE 202 - NEW ORLEANS, LA 70117	NONE	46,880.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ELEVATE NEW ORLEANS, INC	1600 CONSTANCE STREET - NEW ORLEANS, LA 70130	NONE	45,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GIRLS ON THE RUN NEW ORLEANS	7100 ST. CHARLES AVENUE 1ST FLOOR - NEW ORLEANS, LA 70118	NONE	41,880.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIRECTED INITIATIVE FOR YOUTH, INC DBA E	8111 LOMOND ROAD - NEW ORLEANS, LA 70126	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GIRLS ON THE RUN OF ATLANTA	1904 MONROE DR, NE, STE. 100 - ATLANTA, GA 30324	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE FIRST TEE OF ATLANTA	1053 CASCADE CIRCLE, SW - ATLANTA, GA 30311	NONE	36,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIELD OF DREAMS ACADEMY	4147 SCOTFIELD PLACE SUITE 100 - ATLANTA, GA 30083	NONE	30,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DON'T EVER GIVE UP INC.	14600 WESTON PARKWAY - CARY, NC 27513	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW ORLEANS RECREATION DEVELOPMENT FOUND	935 GRAVIER ST., SUITE 820 - NEW ORLEANS, LA 70112	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOGA 504 YOUTH/ Y.O.G.A. FOR YOUTH@NEW O	517 SORAPARU STREET, LOFT105 - NEW ORLEANS, LA 70130	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICA SCORES LOS ANGELES	3685 MOTOR AVENUE SUITE 110 - LOS ANGELES, CA 90034	NONE	22,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BICYCLE COALITION YOUTH CYCLING	1500 WALNUT ST. SUITE 1107 - PHILADELPHIA, PA 19102	NONE	22,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EXCITE ALLSTARS	8111 LOMOND ROAD - NEW ORLEANS, LA 70126	NONE	22,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PROJECT PEACEFUL WARRIORS	935 S. JOHNSON ST. - NEW ORLEANS, LA 70125	NONE	22,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REACHING FOR THE STARS	2405 TOURO STREET - NEW ORLEANS, LA 70119	NONE	22,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ATLANTA TRACK CLUB	201 ARMOUR DRIVE - ATLANTA, GA 30324	NONE	21,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTH BRONX UNITED, INC.	594 GRAND COUNCOURSE, SUITE 2 - NEW YORK, NY 10451	NONE	21,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICA SCORES CHICAGO	600 WEST CERNAK ROAD, SUITE 204 - CHICAGO, IL 60616	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICA SCORES NY	520 8TH AVE., SUITE 201C - NEW YORK, NY 10018	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ATLANTA YOUTH TENNIS & EDUCATION FOUNDAT	1200 ASHWOOD PARKWAY SUITE 500 - ATLANTA, GA 30338	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATALYST GROUP NOLA, INC	615 BARRONNE STREET, SUITE 202 - NEW ORLEANS, LA 70113	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHICAGO TRAINING CENTER	PO BOX 7076 - CHICAGO, IL 60680	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIGURE SKATING IN HARLEM, INC	361 W 125TH STREET, 4TH FLOOR - NEW YORK, NY 10027	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIRSTWORKS SOCCER INC.	7018 ROSELAKE CIRCLE - ATLANTA, GA 30314	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GIRLS IN THE GAME	1401 S. SACRAMENTO DRIVE DOUGLAS PARK - CHICAGO, IL 60623	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GROOVE WITH ME, INC.	186 E 123RD ST FL 2 - NEW YORK, NY 10035	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAROLD HUNTER FOUNDATION	151 1ST AVENUE, #210 - NEW YORK, NY 10003	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KIDSGYM USA	PO BOX 491414 - COLLEGE PARK, GA 30349	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOST BOYZ, INC	7601 SOUTH PHILLIPS AVENUE - CHICAGO, IL 60649	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROW NEW YORK	252 WEST 37TH STREET 4TH FLOOR - NEW YORK, NY 10018	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STARFINDER FOUNDATION	4015 MAIN STREET - PHILADELPHIA, PA 19127	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HARLEM LACROSSE	P.O. BOX 708 - NEW YORK, NY 10030	NONE	16,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
C.E.T.A FOUNDATION	950 CRANBROOK GLEN LANE - SNELLVILLE, GA 30078	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHICAGO RUN	3611 NORTH KEDZIE - CHICAGO, IL 60618	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
I CHALLENGE MYSELF	252 WEST 37TH STREET - NEW YORK, NY 10018	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOOP NOLA	1 PAM DRIVE - NEW ORLEANS, LA 70124	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEACH A CHILD TO FISH	2011 TWINS FALLS RD - ATLANTA, GA 30032	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH MENTORING CONNECTION	1818 S. WESTERN AVENUE, SUITE 505 - LOS ANGELES, CA 90006	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALL STARS HELPING KIDS	4675 STEVENS CREEK BLVD. - SANTA CLARA, CA 95051	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BERGEN FAMILY CENTER	44 ARMORY STREET - ENGLEWOOD, NJ 07631	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIBIA DREAM	66 NE 39TH STREET, SUITE 892 - MIAMI, FL 33137	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARY MITCHELL FAMILY & YOUTH CENTER, INC	2007 MAPES AVE - BRONX, NY 10460	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BEARING BIKE SHOP	982 MURPHY AVENUE SW - ATLANTA, GA 30310	NONE	8,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
A WORLD FIT FOR KIDS!	678 S. LA FAYETTE PARK PLACE - LOS ANGELES, CA 90057	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATCH THE STARS FOUNDATION	PO BOX 53337 - INDIANAPOLIS, IN 46253	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PHILLY GIRLS IN MOTION	40 W. TURNBULL AVE - HAVERTOWN, PA 19083	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED NEGRO COLLEGE FUND, INC	229 PEACHTREE STREET, N.E. SUITE 2350 - ATLANTA, GA 30303	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOODCRAFT RANGERS	340 E 2ND ST STE 200 - LOS ANGELES, CA 90012	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BLAZESPORTS AMERICA	1670 OAKBROOK DRIVE, SUITE 331 - NORCROSS, GA 30093	NONE	6,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
I2 DREAM BIG FOUNDATION, INC.	2813 TOPAZ ROAD - RIVERDALE, GA 30296	NONE	6,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLAYWORKS GEORGIA	1708 PEACHTREE ST. NW, SUITE 320 - ATLANTA, GA 30309	NONE	6,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GENERATIONAL WEALTH FOUNDATION	1001 GARDEN VIEW DR. APT 407 - ATLANTA, GA 30319	NONE	6,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE ISEEME SOCIETY	925B PEACHTREE STREET NE STE 480 - ATLANTA, GA 30309	NONE	6,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YMCA OF METRO ATLANTA	101 MARIETTA STREET NW, SUITE 1100 - ATLANTA, GA 30303	NONE	6,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTS UNDER \$5,000	645 FIFTH AVENUE - NEW YORK, NY 10022	NONE	37,419.

TOTAL FOR THIS ACTIVITY

2,343,279.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

2,343,279.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
EDWIN MOSES 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	CHAIRMAN 5.00	0.
DANIEL C. MAWICKE 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	TREASURER 1.00	0.
THOMAS C. DANZIGER 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	SECRETARY 1.00	0.
STEVE CANNON 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
SANDRA KELLY 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
CATHY GRIFFIN 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
MARCUS ALLEN 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
NADIA COMANECI 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.

DIETMAR EXLER 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
STACEY HALLERMAN 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
MARK RATCLIFFE 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
JOSEPH AGRESTA 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
MICHAEL JOHNSON 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
GUY SANAN 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	DIRECTOR 1.00	0.
BENITA FITZGERALD MOSLEY 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	CEO 40.00	0.
JAMES KALLUSKY 645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022	COO 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>0.</u>

CLIENT COPY

CA 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTIONAMOUNT

NATIONAL SUMMIT/FASHION PARTNERSHIPS, RESEARCH PROGRAM TRAINING	534,997.
OFFICE SUPPLIES-OTHER	97,663.
DIRECT EXPENSES OF FUNDRAISING EVENTS	69,403.
OTHER EMPLOYEE BENEFITS	64,521.
LEGAL FEES	52,076.
ACCOUNTING FEES	82,795.
OTHER PROFESSIONAL FEES	47,316.
ADVERTISING AND PROMOTION	43,235.
ALL OTHER EXPENSES	438,022.
	280,312.
	59,951.
TOTAL TO FORM 199, PART II, LINE 17	1,770,291.

CA 199

OTHER ASSETS

STATEMENT 6

DESCRIPTIONBEG. OF YEAREND OF YEAR

PREPAID EXPENSES AND DEFERRED CHARGES	30,577.	1,217.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	30,577.	1,217.

CA 199

OTHER LIABILITIES

STATEMENT 7

DESCRIPTIONBEG. OF YEAREND OF YEAR

FISCAL AGENT TRANSACTION	900,000.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	900,000.	0.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

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

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month 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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>122352</u> <u>LAUREUS SPORT FOR GOOD FOUNDATION USA</u> <small>Name of Organization</small> <u>645 FIFTH AVENUE, NO. 5TH FL</u> <small>Address (Number and Street)</small> <u>NEW YORK, NY 10022</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>8813903</u> Federal Employer I.D. No. <u>30-0047132</u>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	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 01/01/2018 ending 12/31/2018) list:
 Gross annual revenue \$ 3,261,446 Total assets \$ 8,635,038

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

Note: 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, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		x
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		x
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		x
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		x
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		x
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		x
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		x
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	x	

Organization's area code and telephone number (212) 891-2309

 Organization's e-mail address _____

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.

DANIEL C. MAWICKE
TREASURER
Signature of authorized officer
Printed Name
Title
Date

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

DECEMBER 31, 2018

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, 7TH FL.
NEW YORK, NY 10004

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW JERSEY FORM FORM CRI-300R SHOULD BE FILED VIA THE WEB AT:
[HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/](https://njconsumeraffairs.state.nj.us/sign-in/)

RETURN MUST BE MAILED ON OR BEFORE:

DECEMBER 31, 2019

SPECIAL INSTRUCTIONS:

CLIENT 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: 12/31/2018
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 _____
 Same as Mailing Address Street Address City State ZIP Code

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.

_____ Contact person Street address City State ZIP Code

_____ 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 Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

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.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes No
If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. Yes No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 4				

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: 12/31/2018 Federal ID Number (EIN) 30-0047132
month day year

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 3690200-00 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 and materials _____
- (9) Legacies and bequests _____
- (10) Membership dues solely resulting from 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) _____

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>.

**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: 12/31/2018
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 DANIEL C. MAWICKE Title TREASURER 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.

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

FORM CRI-300R

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

STATEMENT 4

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JAMES KALLUSKY	COO	
<u>ADDRESS</u>		
645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
BENITA FITZGERALD MOSLEY	CEO	
<u>ADDRESS</u>		
645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
EDWIN MOSES	CHAIRMAN	
<u>ADDRESS</u>		
645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
DANIEL C. MAWICKE	TREASURER	
<u>ADDRESS</u>		
645 FIFTH AVENUE, NO. 5TH FL NEW YORK, NY 10022		
<u>SALARY</u>		
0.		

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

THOMAS C. DANZIGER

SECRETARY

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEVE CANNON

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SANDRA KELLY

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CATHY GRIFFIN

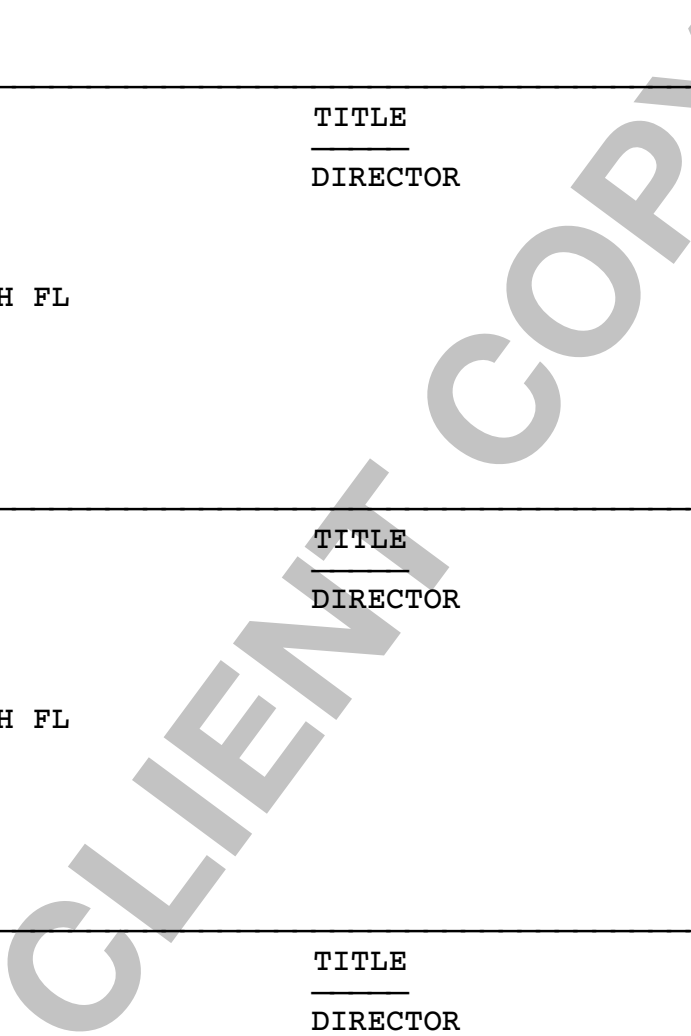
DIRECTOR

ADDRESS

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

SALARY

0.



NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARCUS ALLEN

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

NADIA COMANECI

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DIETMAR EXLER

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STACEY HALLERMAN

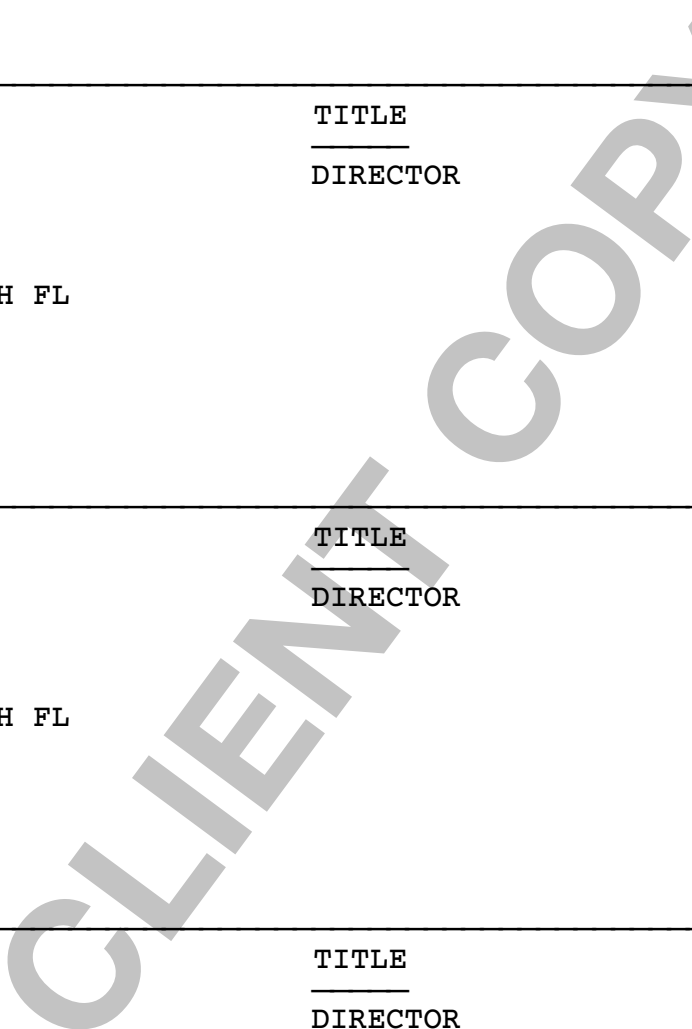
DIRECTOR

ADDRESS

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

SALARY

0.



NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARK RATCLIFFE

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOSEPH AGRESTA

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL JOHNSON

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

GUY SANAN

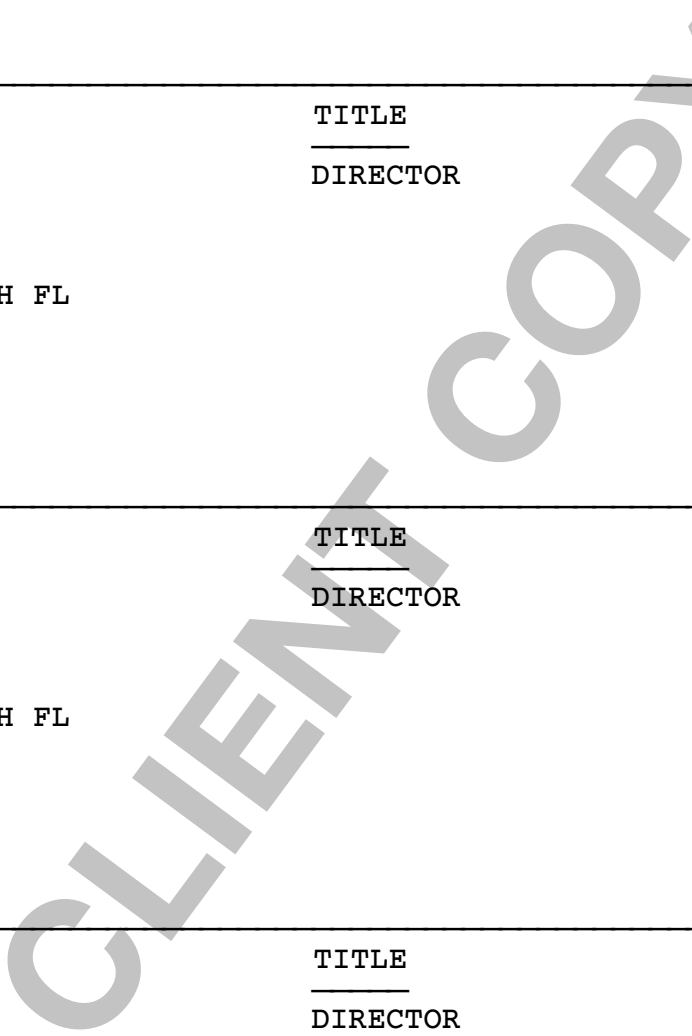
DIRECTOR

ADDRESS

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

SALARY

0.



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

2018
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **01/01/2018** and Ending (mm/dd/yyyy) **12/31/2018**

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

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 **DANIEL C. MAWICKE** Date _____
Treasurer

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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*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

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

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.

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)).