Form

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018 Open to Public Inspection

<u>A</u>	For the	2018 calendar year, or tax year beginning , and ending			
В	Check if app	plicable: C Name of organization		D Employer	identification number
П	Address cha	ange Sports Humanitarian Group, Inc.			
Ħ	Alexan about	Doing business as Right To Play		**-*	**5245
닏	Name chang	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number
Ш	Initial return			416-	498-1922
П	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
H	terminated	New York NY 10001		G Gross rece	eipts 4,191,299
Ш	Amended re	F Name and address of principal officer:	1		
	Application	pending Johann Olav Koss	H(a) Is this a gr	oup return for s	ubordinates? Yes X No
		18 King Street E, 14th Floor	H(b) Are all sul	oordinates incli	uded? Yes No
		Toronto CA			(see instructions)
-	8		-		\
ㅗ	Tax-exemp		T weeken		40
<u>1</u>	Website:		H(c) Group exe		Carrone and the same of the sa
K	Form of org	ganization: X Corporation Trust Association Other ▶ L	ear of formation: 1	999	M State of legal domicile: NY
_F	Part I	Summary			
	1 Br	riefly describe the organization's mission or most significant activities:			
ą.	1	To improve the lives of children in some of the most d	isadvanta	ged are	eas of
ũ	3343	the world by using the power of play for development,			
Ĕ	7.4	peace.	005454000.008404.008404	2001993200379	
Governance	2 0	heck this box ▶ if the organization discontinued its operations or disposed of more than 25	% of its not as	eote	
Q	3 NI	with a of voting manch as of the paramine hads (Dart VIII lies 4.5)		1 . 1	13
٥٥ ده			****	4.4	13
ţ <u>i</u>	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)	100000000000000000000000000000000000000	- 4	
Activities		otal number of individuals employed in calendar year 2018 (Part V, line 2a)	*****		12
Ac		otal number of volunteers (estimate if necessary)		. 6	0
	7a To	otal unrelated business revenue from Part VIII, column (C), line 12	000000000000000000000000000000000000000	7a	0
_	b Ne	et unrelated business taxable income from Form 990-T, line 38		7b	0
			Prior Ye		Current Year
9	8 Co	ontributions and grants (Part VIII, line 1h)	1,692	2,534	4,191,076
Revenue		rogram service revenue (Part VIII, line 2g)			0
Š	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		117	163
œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			60
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,692	2,651	4,191,299
		rants and similar amounts paid (Part IX, column (A), lines 1–3)		0,652	2,271,289
		energy and to an few manufacts (Dod IV and IV)			0
	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1 04	6,974	742,087
Expenses	15 O		1,04	0,011	742,007
ë	IOA FI	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 1,094,654			0
꿃	D 10		2.4	0 100	CO1 070
-	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0,180	601,870
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,96	7,806	3,615,246
	19 Re	evenue less expenses. Subtract line 18 from line 12	-1,275		576,053
Net Assets or			Beginning of Cui		End of Year
SSet	20 To	otal assets (Part X, line 16)		2,200	2,485,790
A T	21 To	otal liabilities (Part X, line 26)		0,913	148,450
		et assets or fund balances. Subtract line 21 from line 20	1,76	1 , 287	2,337,340
_F	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme			owledge and belief, it is
tr	ue, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowledo	je.	
		Deslyll		36	NE 13, 2019
Sig	an l	Signature of officer		Date	
He	-	Dennis Lepholtz Treas	ırer		
0		Type or print name and title	A L U L		
_		Print/Type preparer's name Preparer's signature	Date	Ct ::	if PTIN
Pai	a			Check	□ "
	narar F	Luis C. Rivera		/19 self-em	
		Firm's name Vargas & Rivera, CPA's, LLP	F	irm's EIN	**-***7593
US	e Only	586 Route 304			
		Firm's address New City, NY 10956	F	hone no	845-638-3113
Ma	v the IRS	G discuss this return with the preparer shown above? (see instructions)			Yes X No

Form 990 (2018) Sports Humanitarian Group, Inc. **-***5245	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	_
1 Briefly describe the organization's mission:	
To improve the lives of children in some of the most	disadvantaged areas of
the world by using the power of play for development,	health and
	ilearch and
peace.	
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
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
	103 [22]
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program service	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	allocations to others,
the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 2,271,289 including grants of \$ 2,271,289) (Revenue \$
There are expensed in gurred in the delivery of program	me in cituations of
These are expenses incurred in the delivery of progra	mis in Sichacions of
disadvantage around the world to: Support different f	orms of play as a
strategy to enhance child development; Build communit	y capacity to deliver
play by training local leadership; Use various forms	of play to promote the
health and well being of a population; and Reduce vic	lence through play
based programs with peace and conflict-resolution edu	ICation.
	A SOCIETION SET AND A SOCIETION OF A
	\$100.00 \$100.00 \$250.00 \$100.0
4b (Code:) (Expenses \$ 94,692 including grants of \$) (Revenue \$
These are expenses incurred in a play-based learning	program in the United
States called Play At The Core. This is a comprehensi	ve training and
coaching program designed to enhance the quality of E	Farly Childhood
Education / CCE is manufactured assemblished Programmed	ally Chilianood
Education (ECE) in marginalized communities. By recog	
vehicle for learning, we empower educators, community	
to improve teaching quality, we enhance school-reading	less for preschool aged
youth and we narrow the opportunity gap for thousands	of young children.
4	900(
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$
N/A	x xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

	inna se para se como con esta en con e
to the transfer of the problem is an example of the transfer	
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$	Α.
4e Total program service expenses ► 2,365,981	
Total program scroud expenses > 2,300,301	

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X_,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Χ	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
		-	990	(2018)

	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		168	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			.,
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			.,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٠,,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1,7
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
250	or IV, and Part V, line 1	34	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350	-	
30	related accompation? If "Voc." complete Schoolide R. Bout V. Jim. 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		-25
J 1	and that is tracted as a partnership for federal income toy surrosce? If "Vas " complete Calculute D. Dart VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3,	_	- 21
-	19? Note . All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1 00	21	
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		For	m 990	(2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► Canada See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Χ If "Yes," see instructions and file Form 4720. Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) Sports Humanitarian Group, Inc. **-**5245 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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.) No X 10a Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** 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 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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 > Right To Play Int'l 18 King St E Toronto Ontario 1C4 416-498-1922

	orm 990 (2018)	Sports	Humanitarian	Group,	Inc.
--	----------------	--------	--------------	--------	------

*	*	_	*	*	*	5	2	4	5	
---	---	---	---	---	---	---	---	---	---	--

Page 7

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.

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

(A) Name and Tille	(B) Average hours per week (list any	bo	x, unle	ess pe	ition more rson i	than o s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Robert Baynard Director	1.00	Х						0	0	0
(2) Karen Conway	1.00									
Vice Chairman (3) Phillip D.M. de	1.00							0	0	0
Director (4) Mark Hantho	1.00	Χ						0	0	0
Chairman (5) Johann Olav Koss	0.00	Χ						0	0	0
President (6) Peter Land	1.00	Χ		Х				0	0	0
Director (7) Robert Lewin	1.00	Х						0	0	0
Director	1.00	Х						0	0	0
(8) Meridee A. Moore	1.00	Х						0	0	0
(9) Summer Sanders Director	1.00	Х						0	0	-
(10) Allyson Felix	1.00								0	0
Director (11) Kevin Genirs	1.00	X						0	0	0
<u>Director</u> DAA	0.00	Χ						0	0	Form 990 (2018)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mp	oyee	es, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related	off	ox, unli ficer a	Pos check ess pe	rson directo	than dis both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount of other compensal from the organization	of lion e
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	(W2/1033-MICC)			and relation	led
(12) Lance Taylor	1.00											
Director	0.00	Х						0	0			(
(13) Gary Zenkel	1.00											
Director	0.00	Х					L	0	0			(
(14) Dennis Lephol	0.00 0.00			,								ī
(15) Jessica Pelle				X				0	0			(
Dir of Development	40.00					Х		138,994	0			(
(16) Carin Zaleski	40.00											
National Director	0.00					X		138,191	0	-		(
DANGE SANGE	* * * * * * * * * * * * * * * * * * * *											
econocessive accordance introcentration in the contration of the contration in the c		-	_									
n in ann an an an ann an ann an ann an an a												
1b Sub-total c Total from continuation sheet							>	277,185				
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not li						bov	e) who received more than	\$100,000 of			_
reportable compensation from					-		_					Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ated		3	Х
For any individual listed on line organization and related organ	e 1a, is the sum	of re	eport	able	con	npen	satio					
individual 5 Did any person listed on line 1									· individual	****	4	X
for services rendered to the or Section B. Independent Contracto	110 	es,"	com	plete	Scl	nedu	le J	for such person	MARKET CONTROL		5	X
Complete this table for your five compensation from the organization.	e highest comp	ensa	ted	inder	end	ent o	conti	ractors that received more t	than \$100,000 of	par		
	(A) business address	пре	noat	10111	Oi ti	ic ca			(B) ion of services	201.	Comp	(C) pensation
					_		-					
2 Total number of independent of received more than \$100,000								se listed above) who	0			
DAA	7			-12							Form	990 (2018

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue exempt function business excluded from lax under sections 512-514 revenue revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 10 ${f f}$ All other contributions, gifts, grants, and similar amounts not included above 4,191,076 g Noncash contributions included in lines 1a-1f: 4,191,076 h Total. Add lines 1a-1f Revenue Busn. Code 2a Service Program f All other program service revenue g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 163 Income from investment of tax-exempt bond proceeds Royalties (i) Real (iii) Personal 6a Gross rents **b** Less: rental exps. C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue Other Revenue 60 11a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 4,191,299

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 (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 2,271,289 2,271,289 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 634,478 68,049 74,498 Other salaries and wages 491,931 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 39,461 4,232 4,633 30,596 68,148 7,309 8,002 52,837 10 Payroll taxes Fees for services (non-employees): a Management 11,669 11,669 Legal Accounting 10,500 10,500 **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 25,400 836 5,604 18,960 63,835 12 Advertising and promotion 210 62,625 13 Office expenses 17,231 51,353 483 31,639 7,629 Information technology 466 1,309 5,854 14 Royalties 15 283,494 Occupancy 7.711 12,977 262,806 16 58,168 378 574 17 51,216 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 400 22 400 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If fine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 63,378 61.8 1,872 60,888 Bank Fees 26,044 742 25,302 d e All other expenses 3,615,246 25 Total functional expenses. Add lines 1 through 24e 2,365,981 154,611 094,654 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) (B) Beginning of year End of year 1,169,439 879,764 1 Cash—non-interest bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 388,288 174,069 4 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 instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 20,272 16,826 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 19,788 1,200 b Less: accumulated depreciation 10b 800 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related, See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 403,001 1,414,331 15 982,200 2,485,790 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 220,913 148,450 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 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 25 220,913 148,450 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,374,280 27 938,910 Temporarily restricted net assets 387,007 28 398,430 or Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,485,790 Form 990 (2018)

2,337,340

32

33

1,761,287

982,200

det

32

33

Forn	1990 (2018) Sports Humanitarian Group, Inc. **-**5245			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	******	rieniesinu annani	nancanini	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,1	91,	299
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,6	15,	246
3	Revenue less expenses. Subtract line 2 from line 1	3	5	76,	053
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,7	61,	287
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,3	37,	340
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	LLLLY COOK	0100000000		Ш
				Yes	No
1	Accounting method used to prepare the Form 990:				
	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?	remedition	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	220222222	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
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?	110000000000	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			For	m 99 ((2018)

SHG Sports Humanitarian Group, Inc.
Federal Statements

FYE: 12/31/2018

Form 990 - Federal General Footnote

Description

Form 990, Schedule F, Part II, Line la - Implementation of programmatic activities.

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Employer Identification number

			Sports Humar	litarian Group,	Inc.		**-***	5245
P	art I	Reas	on for Public Charity	Status (All organization	ns must d	omplete 1	this part.) See instruction	ns.
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 1	2, check on	ly one box.)		
1								
2								
3						****	i).	
4	Н		· · · · · · · · · · · · · · · · · · ·	-			•	nosnital's name
•			= ,	a in conjunction with a moopi	ar docorroo	, III 0000101	Tropy(t)(A)(iii): Enter the t	loopitars riarrie,
5	\Box	-		of a college or university own	ed or opera	ted by a go	wernmental unit described in	
•					ca or opera	ica by a go	verninental unit described in	
6				294	n eaction 1	70/b\/4\/A\	(vA	
7	V		•	•			• •	•
•	23				i iloili a go	eninental t	ariit or ironi the general publi	•
8					Part II)			
9	Н					ted in coniu	inction with a land-grant colle	пе
•	ш							90
		university:	J J J.	(,	, , , , , , ,	,	
10		An organizati	ion that normally receives: (1) more than 33 1/3% of its s	support from	contributio	ns, membership fees, and gr	OSS
	_	receipts from	activities related to its exen	npt functions—subject to certa	ain exceptio	ns, and (2)	no more than 33 1/3% of its	
			-	•	• • • •	,		
11	\vdash	_		•	-			
12								
			Reason for Public Charity Status (All organizations must complete this part.) See instructions. Ion is not a private foundation because it is: (For lines 1 through 12, check only one box.) thurch, convention of churches, or association of churches described in section 170(b)(1)A(i)(i). chool described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) Iospital or a cooperative hospital service organization described in section 170(b)(1)A(iii). Insertion organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, and state: 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.) adderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). organization than normally receives a substantial part of its support from a governmental unit or from the general public cribed in section 170(b)(1)(A)(v). (Complete Part II.) ommunity trust described in section 170(b)(1)(A)(v). (Complete Part II.) ommunity trust described in section 170(b)(1)(A)(v). (Complete Part III.) ommunity trust described in section 170(b)(1)(A)(v), operated in conjunction with a land-grant college university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or versity: organization organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross elipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its port from gross investment income and unreleated business taxable income (less section 509(a)(4). organization organized and operated exclusively to test for public safety. See section 509(a)(4). organization organized and perated exclusively for the benefit of to perform the functions of, or to carry out the purposes one or more publicly suppor					
	а						·	
	-							ing .
						,		
	b	Type II.	A supporting organization su	pervised or controlled in con	nection with	its support	ed organization(s), by having	
		control or	r management of the suppor	rting organization vested in th	ne same pe	sons that c	ontrol or manage the support	ed
		organizat	ion(s). You must complete	Part IV, Sections A and C.				
	С							vith,
			•				•	
	d							
					•		•	ess
	е	_		-				
	•	functiona	lly integrated, or Type III no	on-functionally integrated sup	porting orga	nization.	a 1900 i, 1900 ii, 1900 iii	
	f	Enter the nur	mber of supported organizat	ions				
	g	Provide the f	ollowing information about t	he supported organization(s).	a continue ann	000000000000000000000000000000000000000	or national and a street contact and	1245172: 3
(i) Nam	e of supported	(ii) EIN	(ili) Type of organization	(Iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization						
				above (see instructions))			instructions)	instructions)
(A)					163	NO		
(~)					1			
(B)						1 1		
ν,								
(C)					_	1 - 1		
(0)								
(D)								
(-)								
(E)					1			
\ - /								
								I

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.)

Sec	tion A. Public Support	idilo to qualify c	inder the teets	iotou bolow, p	iodoo oompioto	, r art iii.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,943,721	5,619,299	4,868,823	1,692,534	4,191,076	23,315,453
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					1	
4	Total. Add lines 1 through 3	6,943,721	5,619,299	4,868,823	1,692,534	4,191,076	23,315,453
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)						
6	Public support. Subtract line 5 from line 4						23,315,453
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	6,943,721	5,619,299	4,868,823	1,692,534	4,191,076	23,315,453
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7	1		117	163	288
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,000	6,714	25,230			41,944
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						23,357,685
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, four	h, or fifth tax year	as a section 501	(c)(3)	
	organization, check this box and stop here			CHARLES AND ALL SERVICES AND	*******		b
	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6,	column (f) divided	by line 11, column	(f))			99.82 %
15	Public support percentage from 2017 Scheen		D. S. P. S. S. S. D. X. S. Z. D. S. S. P. P. S. S.				99.83 %
16a	33 1/3% support test—2018. If the organiz				3 1/3% or more, cl	neck this	. हा
	box and stop here. The organization qualif			F1.00 - 20 F1.00 - 20 F1.00 -			► X
b	33 1/3% support test—2017. If the organization and this bounded the base The organization of						. □
170	this box and stop here. The organization q 10%-facts-and-circumstances test—2018	uallies as a public	iy supported organ	ization	or 10h and line	4.4	
17a	10% or more, and if the organization meets						
b	Part VI how the organization meets the "fatorganization 10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization Explain in Part VI how the organization me	cts-and-circumstand 7. If the organization meets the "facts-arets the "facts-and-c	ces" test. The orga in did not check a b ind-circumstances" t circumstances" test	nization qualifies of ox on line 13, 16a est, check this bo . The organization	as a publicly supp a, 16b, or 17a, and ox and stop here. n qualifies as a pu	orted I line blicly	٠. 🗆
18	supported organization Private foundation. If the organization did instructions	not check a box or	i line 13, 16a, 16b,	17a, or 17b, chec	ck this box and see		

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.)

1 Gifts, fees or sold furniss organ 2 Gross sold furniss organ 3 Gross unrel 4 Tax organ to or 5 The furnism organ 6 Tota 7a Amount receives person or 19 c Add 8 Publine Section Calendar your gaym royalt b Unrel	ear (or fiscal year beginning in) grants, contributions, and membership eccived. (Do not include any "unusual grants.") s receipts from admissions, merchandise or services performed, or facilities shed in any activity that is related to the nization's tax-exempt purpose s receipts from activities that are not an ated trade or business under section 513 revenues levied for the inization's benefit and either paid r expended on its behalf value of services or facilities shed by a governmental unit to the inization without charge al. Add lines 1 through 5 bunts included on lines 1, 2, and 3 ived from disqualified persons	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
fees of fees o	seceived. (Do not include any "unusual grants.") s receipts from admissions, merchandise or services performed, or facilities shed in any activity that is related to the nization's tax-exempt purpose is receipts from activities that are not an ated trade or business under section 513 revenues levied for the inization's benefit and either paid or expended on its behalf value of services or facilities shed by a governmental unit to the inization without charge in. Add lines 1 through 5 sounts included on lines 1, 2, and 3 ived from disqualified persons						
2 Gross sold furnis organ 3 Gross unrel 4 Tax orga to or 5 The furnis organ 6 Tota 7a Amorece b Amorece cor 1% c Add 8 Publine Section Calendar you 9 Amo 0a Gross paym royalt b Unrel	s receipts from admissions, merchandise or services performed, or facilities shed in any activity that is related to the nization's tax-exempt purpose s receipts from activities that are not an ated trade or business under section 513 revenues levied for the inization's benefit and either paid rexpended on its behalf value of services or facilities shed by a governmental unit to the inization without charge al. Add lines 1 through 5 bunts included on lines 1, 2, and 3 ived from disqualified persons						
unrelate or a variable of the furnity or a construction or a const	ated trade or business under section 513 revenues levied for the inization's benefit and either paid revenued on its behalf value of services or facilities shed by a governmental unit to the inization without charge iii. Add lines 1 through 5 bunts included on lines 1, 2, and 3 ived from disqualified persons						
orga to or The furnit orga Tota Ta Amorece b Amoreceiv perso or 19 c Add Publine Gection Galendar yo Amoreceiv perso or 19 c Add Unre	rization's benefit and either paid rexpended on its behalf value of services or facilities shed by a governmental unit to the nization without charge al. Add lines 1 through 5 punts included on lines 1, 2, and 3 ived from disqualified persons						
furnicorga 6 Tota 7a Amorecee b Amorecee or 1% c Add 8 Publine 6ection calendar you 9 Amo 0a Gross paym royalt b Unree	shed by a governmental unit to the inization without charge al. Add lines 1 through 5 bunts included on lines 1, 2, and 3 ived from disqualified persons						
7a Amorrecei b Amorrecei perso or 1% c Add 8 Pub line 6ection alendar ye 9 Amo 0a Gross paym royalt b Unre	ounts included on lines 1, 2, and 3 ived from disqualified persons						
b Amou receive person or 1% c Add line line line line line line line line	ived from disqualified persons						
receive person or 1% c Add 8 Publine 6 Section alendar you 9 Amo 0a Gross paym royalt b Unre	into included on lines 2 and 2						
8 Publine Section Calendar yo 9 Amo Oa Gross paym royalt b Unre	unts included on lines 2 and 3 ved from other than disqualified ons that exceed the greater of \$5,000 % of the amount on line 13 for the year						
Section Calendar you 9 Amo 0a Gross paym royalt b Unre	lines 7a and 7b lic support. (Subtract line 7c from						
ealendar ye 9 Amo 0a Gross paym royalt b Unre							
9 Amo Oa Gross paym royalt b Unre	B. Total Support						(92
Oa Gross paym royalt b Unre	ear (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
paym royalt b Unre	ounts from line 6						
	s income from interest, dividends, nents received on securities loans, rents, ties, and income from similar sources						
acqu	elated business taxable income (less ion 511 taxes) from businesses iired after June 30, 1975						
c Add	lines 10a and 10b						
activit	ncome from unrelated business ties not included in line 10b, whether tt he business is regularly carried on						
loss	er income. Do not include gain or from the sale of capital assets lain in Part VI.)				ja .		
3 Tota and	ll support. (Add lines 9, 10c, 11,						
	t five years. If the Form 990 is for the	organization's fire	t second third for	irth or fifth tax ves	ar as a section 501	(c)(3)	
orga	nization, check this box and stop here	9					
	C. Computation of Public Su			(0)			
	ic support percentage for 2018 (line 8,						9/
	D. Computation of Investme					16	9
	D. Computation of Investme			column (f)		47	9/
	stment income percentage for 2018 (li			o, column (T))	******	17	
	etment income nercentage from 2047		E-9030 (C-9030 (C-903)	14 and line 15 is		CONTRACTOR OF THE PARTY OF THE	9
	stment income percentage from 2017						b İ
	/3% support tests—2018. If the organ	, and stop liefe.	THE ORGANIZATION C	reconnect de d DUDIII	UN DUDUUUCU UIIIX	A NEGUVII	and a supplied of the supplied
	/3% support tests—2018. If the organish not more than 33 1/3%, check this bo	•	eck a box on line 1		,		
0 Priva	/3% support tests—2018. If the organ	nization did not ch		4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	

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

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		-
9b		
9c		
10a		
10b rm 990	or 990-	EZ) 20

Sched	ule A (Form 990 or 990-EZ) 2018 Sports Humanitarian Group, Inc. **-**5	245		Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	10		
	ure organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations	3		
Sect	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti 1	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction or the organization satisfied the Activities Test. Complete line 2 below.	3		
Secti 1	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	ons).		
Secti 1 a b	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction or the organization satisfied the Activities Test. Complete line 2 below.	ons).		
Secti 1 a b	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution).	ons).	Yes	No
Secti 1 a b	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	ons).	Yes	No
Section 1 a b c	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ons).	Yes	No
Section 1 a b c	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below.	ons).	Yes	No
Section 1 a b c	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction Integrated Integral Part Integral Part Test during the year (see Instruction Integral Part Integral P	ans).	Yes	No
Section 1 a b c	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction Integrated Integral Part Integral Part Test during the year (see Instruction Integral Part Integral P	ons).	Yes	No
Section 1 a b c	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction). The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction). Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization (s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	ans).	Yes	No
Section 1 a b c c 2 / a	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ION E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ons).	Yes	No
Section 1 a b c c 2 / a	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction). The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction). Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization (s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	ons).	Yes	No

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018 Sports Humanitarian Group,			245 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20, 1	1970 (explain in Part VI). S	iee
instructions. All other Type III non-functionally integrated supporting organizations mu	ust comp	lete 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 Check here if the current year is the organization's first as a non-functionally integrates	t Type II	Louissorting organization (200

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza		2 10 rage /
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported 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 organizations	zation 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	T		
	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			
а	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
- 1	Carryover from 2013 not applied (see instructions)			
	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			
С	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:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

	m 990 or 990-EZ) 2018		Humanitaria			**-***5245	Page 8
Part VI	III, line 12; Part IV	/, Section A, line	s 1, 2, 3b, 3c, 4b	, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11	; Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines	Section
		V, line 1; Part V,	Section B, line 16	e; Part V, Section	on D, lines 5, 6,	and 8; and Part V,	
		112			*		,

			********************	***********	*****		*****
		0.0000000000000000000000000000000000000		*************		CONTRACTORIONICO	******
	0.000 10.2000 00 00 00 00 00 00 00 00 00 00 00 00		KD024_24XEEEX81784506598	eteressenseerenerre			*****
	n fi Nation State (State (Stat			************	0.000000101101410010204446		********
				**********			*******
· commence	11.10.11.21.11.11.11.11.11.11.11.11.11.11.11.	on the contract of the contrac					******
ti conserva e e e e e e e e e e e e e e e e e e e		000000000000000000000000000000000000000	000000000000000000000000000000000000000				******
tanamanan manamanan manamanan manamanan manamana			000000000000000000000000000000000000000	*************			
		+00000000000000000000000000000000000000	CONTRACTOR CONTRACTORS		0.001.001.001.001.001.001.001	CSACCIONA NATIONOCIONOCIO	*****
			onomorne en onsone es	посновника посновного		entre en	7.1.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
500000000000000000000000000000000000000							
t moosena markena	viore 60 100 10 10 10 10						******
STREET, THE STREET,	Stevensorest en en en 2000 a 200	******************	**************				************
() are entertal est						escoresors en en encentrarion de en	V (1) P (2) P (3) P (4)
. Parkiter e pritter e e e		0000 00000 0000 0000 0000 0000 0000 0000	0.5000.00000000000000000000000000000000				************
			01-00-100-00-00-00-00-00-00-00-00-00-00-				THE CONTROL OF THE CONTROL OF THE

				200000000000000000000000000000000000000	000000000000000000000000000000000000000		
				000000000000000000000000000000000000000			**************
				************	**************	000000000000000000000000000000000000000	*********

*********	*****				*************		(easternamentonica)
***********	******				****************		00100000011000110000000
					ensensamoenanos		esectores transco
		2020114010140140		************************************		(507200000000000000000000000000000000000	500500000000000000000000000000000000000

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

-*5245 Sports Humanitarian Group, Inc. 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/5% 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).

Page 1 of 2

Page 2

Name of organization
Sports Humanitarian Group, Inc.

Employer identification number **-**5245

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 1	The Edgerley Family Foundation PO Box 590098 Newton Center MA 02459	s 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 2 Eurocas	The Boston Foundation 75 Arlington Street Boston MA 02116	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	The McCance Foundation Trust PO Box 422 North Scituate MA 02060	s 100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LDS Charities 50 East North Temple 7th Floor Salt Lake City UT 84150	\$ 2,106,308	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	The San Francisco Foundation 1 Embarcadero Center, Suite 1400	\$ 100,000	Person X Payroll Noncash
	San Francisco CA 94111		(Complete Part II for noncash contributions.)
(a) No.	San Francisco CA 94111 (b) Name, address, and ZIP + 4	(c) Total contributions	

Page 2 of 2

Page 2

Name of organization
Sports Humanitarian Group, Inc.

Employer identification number **-**5245

~~~	The state of the s		0210
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CAF American Donor Fund 25 Kings Hill Avenue Kings HIll	<b>\$</b> 130,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 670,000	3. Characteristic (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 0000100		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
or express	* 2.00**********************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(8. <u>889</u> 1000)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
direction.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### 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.

OMB No. 1545-0047 Open to Public Inspection

Attach to Form 990.

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

Employer identification number

Name	of the organ	ization		Employer identification number
S	ports	Humanitarian Group, Inc.		**-***5245
	ırt I	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		
			(a) Donor advised funds	(b) Funds and other accounts
1		nber at end of year		
2	Aggregat	e value of contributions to (during year)		
3	Aggregat	e value of grants from (during year)		
4	Aggregat	e value at end of year		
5		rganization inform all donors and donor advisors in writing that		
		e the organization's property, subject to the organization's excl		Yes No
6		rganization inform all grantees, donors, and donor advisors in		
		charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
			******************************	
	rt II	Conservation Easements.  Complete if the organization answered "Yes" on F	form 990, Part IV, line 7.	
1		s) of conservation easements held by the organization (check	all that apply).	
		ervation of land for public use (e.g., recreation or education)	Preservation of a historically imp	portant land area
	$\vdash$	ction of natural habitat	Preservation of a certified histor	ic structure
_		ervation of open space		
2		lines 2a through 2d if the organization held a qualified conse t on the last day of the tax year.	vation contribution in the form of a cons	
_		· ·		Held at the End of the Tax Yea
a	Total nun	nber of conservation easements		2a
b	Number	eage restricted by conservation easements of conservation easements on a certified historic structure incli	ided in (a)	2b 2c
d		of conservation easements on a certified historic structure find of conservation easements included in (c) acquired after 7/25/0		26
u		tructure listed in the National Register	o, and not on a	2d
3		of conservation easements modified, transferred, released, ext	inquished or terminated by the organiza	111
		L. Percentinos	g	
4		of states where property subject to conservation easement is I	ocated >	
5		organization have a written policy regarding the periodic mon	2.74	
		, and enforcement of the conservation easements it holds?		Yes No
6		volunteer hours devoted to monitoring, inspecting, handling o		
		14 C 18 C 14 C 20		
7	Amount of	of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easer	ments during the year
		Nonvertor authoropysono		
8		ch conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(	(i)
9		III, describe how the organization reports conservation easeme	•	-
		sheet, and include, if applicable, the text of the footnote to the ion's accounting for conservation easements.	organization's financial statements that of	describes the
Pa	rt III	Organizations Maintaining Collections of Art,		Similar Assets.
		Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8.	
1a	If the orga	anization elected, as permitted under SFAS 116 (ASC 958), ne	ot to report in its revenue statement and	balance sheet
		art, historical treasures, or other similar assets held for public		
		vice, provide, in Part XIII, the text of the footnote to its financi		
b		anization elected, as permitted under SFAS 116 (ASC 958), to		
		art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of
	•	vice, provide the following amounts relating to these items:		<b>.</b> .
	(ii) Asset	nue included on Form 990, Part VIII, line 1		\$
2	(II) ASSEI	is included in Form 990, Part X	other similar assets for figure 11 and	▶ \$
2		anization received or held works of art, historical treasures, or		ovide the
а		amounts required to be reported under SFAS 116 (ASC 958) included on Form 990, Part VIII, line 1		•
	Assets in	cluded in Form 990, Part X		• \$

Sche	edule D (Form 990) 2018 Sports H				**-***52			Page 2
Pa	art III Organizations Maintainin						(continu	ıed)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the	following that are	e a significant us	se of its		
а	Public exhibition	d $\square$ Lo	oan or exchange p	orograms				
b	Scholarly research		ther	_				
С	H -			************		******		
4	Provide a description of the organization's of	collections and explain h	ow they further th	e organization's	exempt purpose	e in Part		
	XIII.	·	•	•				
5	During the year, did the organization solicit	or receive donations of	art, historical trea	sures, or other s	similar			
	assets to be sold to raise funds rather than						Ye	s No
Pa	art IV Escrow and Custodial A	rrangements.						
	Complete if the organizatio	n answered "Yes" o	on Form 990, F	Part IV, line 9	, or reported	an amount	on Form	
4.	990, Part X, line 21.	4 1 1						
та	Is the organization an agent, trustee, custon	dian or other intermediai	ry for contributions	s or other assets	s not		ш.,	□
						*****	Ye:	s   No
þ	If "Yes," explain the arrangement in Part XI	II and complete the follo	wing table:			C	A	
							Amount	
						1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance		,,			1f		
	Did the organization include an amount on				.00000011.0		☐ Ye	S No
	If "Yes," explain the arrangement in Part XII	II. Check here if the exp	lanation has been	provided on Pa	rt XIII		orizona y la constanta de la c	20
Pa	art V Endowment Funds.		- Farm 000 F	2	0			
	Complete if the organizatio						L	
	·	(a) Current year	(b) Prior year	(c) Two year	s back (d) T	hree years back	(e) Four	years back
1a	Beginning of year balance						-	
b	Contributions						-	
С	Net investment earnings, gains, and						1	
_	losses							
	Grants or scholarships			_				
е	Other expenditures for facilities and							
	programs						-	
Ť	Administrative expenses						-	
g	End of year balance							
2	Provide the estimated percentage of the cu		line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment ▶							
	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sh	•						
3a	Are there endowment funds not in the poss	ession of the organization	on that are held a	nd administered	for the		_	
	organization by:						_	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi						3b	
4	Describe in Part XIII the intended uses of the	The state of the s	ment funds.					
Pa	art VI Land, Buildings, and Equ					2222 20 00	2 W 18	27
	Complete if the organization							
	Description of property	(a) Cost or other bas	1 1	or other basis	(c) Accumula		(d) Book v	ralue
		(investment)	(0	other)	depreciation			
	Land							
b	Buildings							
	Leasehold improvements			1 000		400		000
	Equipment			1,200		400		800
	Other			18,588	18	,588		000
otal	I. Add lines 1a through 1e. (Column (d) must	equai ⊢orm 990, Part X	, column (B), line	10C.)	and the contract of the contra			800

Part VII	Investments—Other Securities.  Complete if the organization answered	"Yes" on Form	n 990, Part IV, line	e 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category		(b) Book value	(c) Method of va	aluation:
(4) Financial	(including name of security)			Cost or end-or-year r	narket value
Financial     Closely-be	derivatives eld equity interests				
2) Closely-lie 3) Other	de equity interests				
(A)					
(B)				-	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12	2.) ▶			
Part VIII	Investments—Program Related.	7.			
	Complete if the organization answered	"Yes" on Form	n 990, Part IV, line	e 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of va	aluation:
				Cost or end-of-year r	market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				*	
	n (b) must equal Form 990, Part X, col. (B) line 13	3.) 🕨			
Part IX	Other Assets.	"Voo" on For	n 000 Dort IV line	a 11d Con Form 000 Do	d V line 15
	Complete if the organization answered	Description	ii 990, Fait IV, line	e Tiu. See Form 990, Par	(b) Book value
(1)	Advance Deposits	Seacripilori			1,398,431
(2)	Security Deposits	2			15, 900
(3)	becariey beposite.	3		1	13,300
(4)					
(5)					
(6)					
(7)			=		
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15	5.)			1,414,331
Part X	Other Liabilities.		1-01/00-0-0-000	·	
	Complete if the organization answered	"Yes" on Fore	m 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X,
	line 25.				
l.	(a) Description of liability		(b) Book value		
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(7) (8)					
(7) (8) (9)					
(7) (8) (9) otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 25 uncertain tax positions. In Part XIII, provide the te				

SCHE	due D (Form 990) 2018 Sports Humanitalian Group,	IIIC.		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 99		nue per Return.	
1	The state of the s		111	4,191,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			4, 131, 233
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d		2d		
	Add lines 2a through 2d	rent Law	2e	
3	Subtract line 2e from line 1	************	3	4,191,299
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-1 -3 -1 -3 3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,191,299
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 99		enses per Return.	
1	Total assessment and leaves and older discovered to the second			2 615 246
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			3,615,246
		2a		
h	Donated services and use of facilities	2b		
	Prior year adjustments Other losses			
d		644344		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,615,246
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			5/010/210
а		4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c	
b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	_4b		3,615,246
b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	_4b		3,615,246
b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b	5	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	

5	chedule D (Fo	rm 990) 2018 .	Sports Hum	anitarian	Group,	Inc.	**-***5245	Page 5
_	Part XIII	Supplementa	I Information (	continued)				
	*******	tone official consequen					22522223500324310060000600000000	**************
	* - * * * * * * * * * - *	toros tio tormas com					*******************************	*************
							***********************************	10010011011011011010100
		000011111111111111111111111111						20001000000000000000000000000000000000
					***********			************
	SWERN TO BESTREET							MARKEMARKATANE
	0.500.000.00.000.00	nantanananananan					**************************************	100000000000000000000000000000000000000
•	ongestioningsstati						E25000000000000000000000000000000000000	
							<ul> <li>Excessors enconcensors excessors excessors</li> </ul>	
	O WALLOW STANDSTONE						TEREERS INTERESTRICTION OF THE SECOND	54,577,541,717,641,641,641,641,641
	anterational actions		*********		131875114137743844	138655100055551086		
	571171033517135553555		*************		*********		######################################	
							CHOCKED-100.000-0000000-0000000000000000000000	
,	5011/010111000000		******					
	THE PERSON NAMED IN THE		*************				*********	
							er om a consumera o o mana o mana o o o o o o o o o o o o o o o o o o	
		urantous nousans				6 4 5 8 8 8 8 8 4 8 8 8 8 8 8 8 8 8 8 8 8	*****************************	
	THE STATE OF						SELECTION OF THE PROPERTY OF	PETEROESKE KOGENOETERKERK
			**************				***********	
	secondo naca							EXCEPTION OF STREET
	Secure						***************************************	
	ouoouromo utomo						55137573355717013256100000000000000	
	HISOTOMIC STRONG	ornaroni (arana	*****************		**************			*****************
							525253355575555555555555555555555555555	
			MINISTER DELIGIOUS					**********
								ence ecocoexe oscovos:
	C1.18.22.2.2.2.2.2.2.2.2.2					(808)20000000000000000000000000000000000		
								accompanionAlthranAlt

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2018
Open to Public

Open to Public Inspection

Name of the organization

Sports Humanitarian Group. Inc.

Employer Identification number

Pa			n on Activities O	utside the United States. Co		wered "Yes" on
1	For grantmak	k <b>ers.</b> Does the organize, the grantees' eligi	zation maintain records bility for the grants or a	s to substantiate the amount of its gassistance, and the selection criteria	a used to	_
	award the gra	nts or assistance?			************************************	Yes No
2				rocedures for monitoring the use of		
	outside the Ur		•	•	<b>y</b>	
3	Activities ner F	Region (The following	Part I line 3 table car	n be duplicated if additional space is	s needed )	
_	(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)			=			
(6)						
(7)						
(8)						
(9)		-				
(10)						
(11)						
(12)						
(13)						
14)				1		
15)						
16)					W. T.	
17)						
	ubtotal					
<b>b</b> To	tal from continuation					
	otals (add					

lines 3a and 3b)

**-***5245	Dana	2
^^-^^^5Z45	Page	- 2

Part II	Grants and Other Assist Part IV, line 15, for any re	cipient who rece	zations or Entities Outside the ived more than \$5,000. Part II ca	e United States. ( an be duplicated it	Complete if the f additional spac	organization an ce is needed.	swered "Yes" on F	Form 990,
1 (a) Nar organiz	ne of (b) IRS code	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			See General Footnote	2,271,289	Electronic	Wire		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	Burney Commen							
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule F (Form 990) 2018 Sports Humanitarian Group, Inc. **-**5245 Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (e) Manner of (d) Amount of (f) Amount of (g) Description (h) Method of valuation recipients cash grant noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)(16)(17)

(18)

Pa	art IV Foreign Forms	raye -
	M.	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	_
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X No
•	Did the executables have an executive interest in facilities at the second of the seco	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	₩
	Certain Foreign Corporations (see Instructions for Form 5471)	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	
	Fund (see Instructions for Form 8621)	X No
		<u> </u>
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	
	Foreign Partnerships (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	_
	Instructions for Form 5713; don't file with Form 990)	X No

Schedule F (F	Form 990) 2018 Sports Humanitarian Group, Inc. **-***5245	Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
*****************		
100000000000000000000000000000000000000		
- Christian (Christian)		
3.0000000000000000000000000000000000000		
X81068888304880		******
000000000000000000000000000000000000000		
*************		
000000000000000000000000000000000000000		
************		
************		******
*************		
410000000000000000000000000000000000000		
84 (5) (4) (4) (45) (4 (4) (4)		
800/90/000/709		
0.0000000000000000000000000000000000000		
***************************************		officers:

### 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 Employer identification number Sports Humanitarian Group, Inc. **-***5245 Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Canada Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Corporation has its Form 990 prepared by an outside accounting firm and has established the following review process to ensure that the information reported is complete and accurate. When the Form 990 has been prepared, reviewed by management and is ready to be filed with the IRS, it is electronically sent to audit committee and the board for approval. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy A. Each Covered Person shall annually sign a statement that affirms that such person: 1.has received a copy of the Policy, 2.has read and understands the Policy, 3.has agreed to comply with the Policy, and 4.understands that the Corporation is a charitable organization and that in order to maintain its federal tax exemption and the trust of the public it must diligently avoid conflicts of interest or the appearance of any conflict and engage primarily in activities that accomplish one or more of its tax-exempt purposes. B. This Policy shall be reviewed annually for the information and guidance of Covered Persons, and any new Covered Person shall be advised of the

Policy upon becoming a Covered Person and shall file an annual statement

Sports Humanitarian Group, Inc.  with the Corporation.  C.To further the purpose of the disclosure provisions of this Policy, the Corporation shall provide the Board with a full list of proposed or current Transactions or Arrangements on no less than a yearly basis to ensure that no conflicts exist, or have developed, in the preceding year. Director's, Officer's and employees sign an annual declaration and this is reviewed by the Audit Committee.  Form 990, Part VI, Line 15a - Compensation Process for Top Official Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers Dotailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents Disclosure Explanation Conflicts of Interest Policy and Financial Statements available upon request.	Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2
with the Corporation.  C.To further the purpose of the disclosure provisions of this Policy, the Corporation shall provide the Board with a full list of proposed or current Transactions or Arrangements on no less than a yearly basis to ensure that no conflicts exist, or have developed, in the preceding year. Director's, Officer's and employees sign an annual declaration and this is reviewed by the Audit Committee.  Form 990, Part VI, Line 15a - Compensation Process for Top Official Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.		Employer identification number  **-**5245
Corporation shall provide the Board with a full list of proposed or current Transactions or Arrangements on no less than a yearly basis to ensure that no conflicts exist, or have developed, in the preceding year. Director's, Officer's and employees sign an annual declaration and this is reviewed by the Audit Committee.  Form 990, Part VI, Line 15a - Compensation Process for Top Official Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.		
Transactions or Arrangements on no less than a yearly basis to ensure that no conflicts exist, or have developed, in the preceding year. Director's, Officer's and employees sign an annual declaration and this is reviewed by the Audit Committee.  Form 990, Part VI, Line 15a - Compensation Process for Top Official  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.	C.To further the purpose of the disclosure provisions of	this Policy, the
no conflicts exist, or have developed, in the preceding year. Director's, Officer's and employees sign an annual declaration and this is reviewed by the Audit Committee.  Form 990, Part VI, Line 15a - Compensation Process for Top Official Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.	Corporation shall provide the Board with a full list of	proposed or current
Officer's and employees sign an annual declaration and this is reviewed by the Audit Committee.  Form 990, Part VI, Line 15a - Compensation Process for Top Official  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.	Transactions or Arrangements on no less than a yearly ba	sis to ensure that
Form 990, Part VI, Line 15a - Compensation Process for Top Official Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.	no conflicts exist, or have developed, in the preceding	year. Director's,
Form 990, Part VI, Line 15a - Compensation Process for Top Official  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy  and Financial Statements available upon request.	Officer's and employees sign an annual declaration and t	his is reviewed by
Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy  and Financial Statements available upon request.	the Audit Committee.	
Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 15b - Compensation Process for Officers  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy  and Financial Statements available upon request.		
Form 990, Part VI, Line 15b - Compensation Process for Officers  Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy  and Financial Statements available upon request.	Form 990, Part VI, Line 15a - Compensation Process for T	op Official
Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy  and Financial Statements available upon request.	Detailed compensation policy is in place and Board appro	ves.
Detailed compensation policy is in place and Board approves.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  Governing Documents Disclosure Explanation, Conflicts of Interest Policy  and Financial Statements available upon request.		
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.	Form 990, Part VI, Line 15b - Compensation Process for C	Officers
Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.	Detailed compensation policy is in place and Board appro	oves.
Governing Documents Disclosure Explanation, Conflicts of Interest Policy and Financial Statements available upon request.		***************************************
and Financial Statements available upon request.	Form 990, Part VI, Line 19 - Governing Documents Disclos	sure Explanation
	Governing Documents Disclosure Explanation, Conflicts of	Interest Policy
	and Financial Statements available upon request.	
Page 1 of 1		