# **Return of Organization Exempt From Income Tax**

Form **990** 

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begin	nning 07/	01, <b>2020</b>	), and e	nding		06/30	, <b>20</b> 21	
Bc	heck if ap	onlicable:	C Name of organization					D Employer ide	entification	number	
	Addre		INSTITUTE FOR SPORT AN	ND SOCIAL JUSTIC	CE						
	chang		Doing Business As	or at all the control to be a toward and all and a	- \	T	.,	47-5127			
	+	change	Number and street (or P.O. box if mail is		5)	Room/s	uite	E Telephone no (407) 82			
	+	return	C/O UCF 4336 SCORPIOUS					(407) 82	3-4//0		
	Term	inated inded	City or town, state or province, country, a ORLANDO, FL 32816	and ZIP of loreign postal code				<b>6</b> Crass ressin	4a	1,462,	1 / 0
	returr		F Name and address of principal officer:	DR. RICHARD I	лрситс	ĸ		G Gross receip			X No
	pendi		C/O UCF 4336 SCORPIOUS					subordinates	?	Yes	No
_	Tay-ey	empt st	1 1	) (insert no.)	4947(a)(1)		527	H(b) Are all subord	ch a list. (see i		
			SPORTANDSOCIALJUSTICE.O		4347 (a)(1)	OI	321	H(c) Group exemp	,		
_				Association Other		LY	ear of format	ion: 2015 <b>M</b>			FL
$\overline{}$	art I		mmary	, todocidator.			our or ronniar		0.0.0	<u></u>	
			y describe the organization's mission or	r most significant activities	THE M	ISSIO	N OF TH	E INSTITU	TE FOR	SOCIAL	
ě			TICE (ISSJ) IS TO CREATE								
and		OF	SPORT.								
/err	2	Check	k this box ▶ if the organization di	iscontinued its operation:	s or dispos	ed of mo	re than 25%	of its net assets	 3.		
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		16.
<b>ა</b> ბ თ	4	Numb	per of independent voting members of t	he governing body (Part V	/I, line 1b)				4		13.
Activities &	5		number of individuals employed in cale						5		5.
ξį	6	Total	number of volunteers (estimate if necess	sary)					6		43.
⋖			unrelated business revenue from Part V						7a		0
	b	Net u	nrelated business taxable income from I	Form 990-T, line 34					7b		0
	_	_						Prior Year		Current Yea	
Revenue	8	Contr	ibutions and grants (Part VIII, line 1h)	COPY FOR				681,30		725,	
	9		am service revenue (Part VIII, line 2g)		PUBLIC I	NSPECT	ION -	669,39	08.	426,	19
Re	10		tment income (Part VIII, column (A), line				<b>-</b>	150,04		289,	
	11 12		revenue (Part VIII, column (A), lines 5, revenue - add lines 8 through 11 (must					1,501,45		1,441,	
_	13							1,301,13	0.	±, ±±+,	020.
	14								0.		
"	15		ies, other compensation, employee bene					984,04	5.	1,016,	634.
Expenses			ssional fundraising fees (Part IX, column						0.		
xpe	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶	206,886	5.					
Ш			expenses (Part IX, column (A), lines 11					494,83	6.	317,	284
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			1,478,88		1,333,	
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				22,57	4.	107,	902
s or							_ <u> </u>	ning of Current Y		End of Year	
sset	20		assets (Part X, line 16)					447,16		565,	
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					217,61		227,	
			ssets or fund balances. Subtract line 21	from line 20				229,54	9.	337,	451
	rt II		gnature Block of perjury, I declare that I have examined thi	in return including accompa	anting ached	lulas and	atatamanta a	and to the best of	my knowle	dae and hali	of it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inforr	nation of wh	ich prepa	rer has any kr	nowledge.	my knowie	euge and bein	#I, IL IS
								05/1	5/2022		
Sig	n		Signature of officer					Date	<u> </u>		
He	re		DR. RICHARD LAPCHICK		PRESI	DENT	& CEO				
			Type or print name and title								
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Paid		ERI	K A HALLUSKA , CPA	ERIK A HALLUSKA	A , CPA	05	/10/202		' I	954172	
	parer	Firm's	s name    WITHUMSMITH+BROW	N,PC		<u>'</u>		Firm's EIN	22-202	7092	
_se	Only	Firm's	s address > 200 S ORANGE AVE.,STE 12	200 ORLANDO, FL 32801-	3400			Phone no.	407-84	9-1569	
Мау	the I	RS dis	scuss this return with the preparer show	n above? (see instructions	)				Х	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form <b>990</b> (	(2020)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	SE THE POWER OF SPORT TO EFFECT POSITIVE SOCIAL CHANGE. WE EDUCATE
	ND EMPOWER INDIVIDUALS AND ORGZNIZATIONS BY INSPIRING VALUES-BASED
	HINKING LEADING TO ACTIONS THATPROMOTE SOCIAL RESPONSIBILITY AND
_	QUALITY.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	rior Form 990 or 990-EZ? Yes $X$ N $^{\circ}$ "Yes," describe these new services on Schedule O.
	res, describe these new services on scriedule O.  Old the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe ne total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$635,072.         including grants of \$) (Revenue \$)           ATTACHMENT 1
	ATTACHINENT I
4b	Code: ) (Expenses \$ 272,395. including grants of \$ ) (Revenue \$ )
	LL OTHER PROGRAMS - IN ADDITION TO THE OTHER TOP TWO PROGRAMS,
	SSJ OPERATES OTHER PROGRAMS INCLUDING HOPE FOR STANLEY, SHUT-OUT
	RAFFICKING, NATIONAL STUDENT ATHLETE DAY AND OTHER
	TUDENT-ATHLETE OUTREACH PROGRAMS.
4c	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
<u> </u>	Other program services (Describe on Schedule O.)
÷u	Expenses \$ including grants of \$ ) (Revenue \$ )
4-	including grants of \$\psi\$ (Nevertide \$\psi\$)

Form **990** (2020)

Part	Checklist of Required Schedules		V	Na
	In the consciention described in costing FOA(s)(0) on AOA7(s)(4) (athor there are into foundation) 0. If II)(s, II)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
•	complete Schedule A	2	X	
2		-	- 1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		- 21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		- 21
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
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	,		Х
7	"Yes," complete Schedule D, Part I.	6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	,		Х
0	complete Schedule D, Part III	8		- 21
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
• • •	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
•	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated mandal statements for the tax year module 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	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 1 1 1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	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 12 If "Ves." complete Schedule I, Parts I and II	21		X

Part	Checklist of Required Schedules (continued)		V	NI -
22	Did the comparisor report more than OF 000 of greate or other assistance to or for democial individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>-</b> u	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		
25 a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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
05.	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		•		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
_			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		3.5
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u></u>		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e h		
-	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
h	and services provided to the payor?	7b		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	<b>Note:</b> 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			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
	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?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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	1a 1	5		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ationship with			
_	any other officer, director, trustee, or key employee?	-	2		X
3	Did the organization delegate control over management duties customarily performed by or uncontrol over management duties customarily duties and duties customarily duties dutie				
	supervision of officers, directors, trustees, or key employees to a management company or other per		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?	33013:1111	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to ele	oct or appoint			
ı a	one or more members of the governing body?		7a		Х
<b>L</b>	Are any governance decisions of the organization reserved to (or subject to approval by				
b			7b		Х
	stockholders, or persons other than the governing body?		1.0		
8	Did the organization contemporaneously document the meetings held or written actions under the ware but the following:	rtaken during			
	the year by the following:		8a	Х	
а	The governing body?		8b	X	
b	Each committee with authority to act on behalf of the governing body?			21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	be reached at	9		Х
Soct	ion B. Policies (This Section B requests information about policies not required by the Inter			```	21
Seci	ion B. Folicies (This Section B requests information about policies not required by the lifter	mai Nevenue	Code	Yes	No
			10a		Х
	Did the organization have local chapters, branches, or affiliates?		IUa		21
b	If "Yes," did the organization have written policies and procedures governing the activities of s		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the form? .	та	- 1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40.	Х	
12a	1 , , , ,		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	nat could give	1	37	
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	licy? If "Yes,"		3,7	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990, and 990	T (Sec	tion 5	01(c)
	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that app		,550		. (3)
	Own website X Another's website X Upon request Other (explain on Sch				
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	•	of inte	rest r	olicy
. •	and financial statements available to the public during the tax year.	,	J	JJ. P	JJy,
20	· · · · · · · · · · · · · · · · · · ·	ooks and reco	ds 🕨		
	State the name, address, and telephone number of the person who possesses the organization's bedenise omeally 4000 central florida blvd ba II STE 113 ORLANDO, FL 32816 407-823-1516	55115 GIIG 10001	JU -		

Form **990** (2020)

#### Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any) hours for related organizations below dotted line)  (C) Position (do not check more box, unless person officer and a directr or director  (Key employee or director		is both	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1)DELISE O'MEALLY	40.00								
CEO	0.	Х	Х				5,000.	205,165.	0.
(2)DR. JEFF O'BRIEN	40.00								
VICE PRESIDENT	0.	Х	Х				55,593.	133,066.	0.
(3) DR. RICHARD LAPCHICK	11.00								
DIRECTOR	0.	Х	Χ				58,333.	0.	0.
(4) DAN GUERRERO	1.00								
DIRECTOR	0.	X					0.	0.	0.
(5)DR. PAUL JARLEY	1.00								
DIRECTOR	0.	X					0.	0.	0.
(6) CHRIS MONASCH	1.00								
CHAIRMAN	0.	Х					0.	0.	0.
(7) ASHLEY TURNER	1.00								
DIRECTOR	0.	X					0.	0.	0.
(8)KENNETH DIXON	1.00								
DIRECTOR	0.	X					0.	0.	0.
(9) TANYA HUGHES	1.00								
STRATEGIC PLANNING CHAIR	0.	X					0.	0.	0.
(10) ALLYCE NAJIMY	1.00	37						0	0
DIRECTOR	0.	X					0.	0.	0.
(11) PAUL KAPLAN FINANCE CHAIR	1.00	X					0.	0.	0.
(12) TED HADDOCK	1.00	Λ					0.	0.	0.
DIRECTOR	0.	X					0.	0.	0.
(13) JOHN SKIPPER	1.00	- 21			_		0.	0.	
DIRECTOR	0.	Х					0.	0.	0.
(14)KATRICE ALBERT	1.00								
DIRECTOR	0.	Х					0.	0.	0.

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Part VII Section A. Officers, Directors, Tru		, <u></u> 1	٠,٠٠٠			I	<u>9</u>	1		- <del></del>	J 140		_
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o	an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation fron related		am	(F) timated count of other	
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		fro orga and	pensation om the anization d related anizations	
15) STEVE PHELPS DIRECTOR	1.00	x						0		0.			(
16) GLORIA NEVAREZ  DIRECTOR	1.00	X						0		0.			(
1b Sub-total							<b>&gt;</b>	118,926.	338,2	0.			0
d Total (add lines 1b and 1c)	limited to t		liste				o re	118,926. eceived more than					0
3 Did the organization list any former office	er, directo	r, or	tru										lo
<ul> <li>employee on line 1a? If "Yes," complete Schede</li> <li>For any individual listed on line 1a, is the sorganization and related organizations graindividual.</li> </ul>	sum of repeater than	ortab \$15	ole o 50,0	com 00?	pen P <i>If</i>	sation "Yes	n aı	nd other compens	sation from t	he	3	X	<u>X</u>
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on i	fron	n any	un				5	X	
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>													
(A) Name and business add	ress							(B) Description of se	ervices	С	(C) ompens	ation	
													_
													_

more than \$100,000 in compensation from the organization ►

Form **990** (2020)

2 Total number of independent contractors (including but not limited to those listed above) who received

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#### Part VIII Statement of Revenue

ıaı	t VIII	Check if Schedule O contains a respon	se or note to ar	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ڡۣٚۊۜ	С	Fundraising events 1c					
fts	d	Related organizations					
פֿיַּפּ	e	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
atio er (		and similar amounts not included above . 1f	725,872.				
혈훈	g	Noncash contributions included in	,				
a t	9	lines 1a-1f 1g					
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f		725,872.			
			Business Code	·			
မွ	2a	HUDDLE UP		293,991.	293,991.		
ه ≧ّ	b	NSAD		7,500.	7,500.		
Se	C	CAPITAL CAMPAIGN		125,000.	125,000.		
am e ye							
200	d						
Program Service Revenue	e	All other program convice revenue					
	f g	All other program service revenue	<b>•</b>	426,491.			
	3	Investment income (including dividends,		·			
	"	other similar amounts)	_	19.			19.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<b>•</b>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
	'"	sales of assets	( ) = 1				
		other than inventory 7a					
σ	b	Less: cost or other basis					
evenue	"	and sales expenses 7b					
š	С	Gain or (loss) 7c					
	d	Net gain or (loss)	<b>•</b>	0.			
Other R		` '					
ŏ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line  1c). See Part IV, line 18	219,724.				
	<u>_</u>	Less: direct expenses 8b	20,328.				
	b	Net income or (loss) from fundraising events		199,396.			
	9a	Gross income from gaming		·			
	Эа	activities. See Part IV, line 19 9a	0.				
	h	Less: direct expenses 9b	0.				
	b	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	TOA	returns and allowances	0.				
	h	Less: cost of goods sold	0.				
	b	Net income or (loss) from sales of inventory		0.			
···		, ,	Business Code				
ous e	110	MISCELLANEOUS INCOME	900099	87,521.	87,521.		
ane nue	11a	SERVICES	900099	2,521.	2,521.		
elle ye	b			_,	_,		
Miscellaneous Revenue	c d	All other revenue					
Σ	e	Total. Add lines 11a-11d	· <b>&gt;</b>	90,042.			
	12	Total revenue. See instructions		1,441,820.	516,533.		19

INSTITUTE FOR SPORT AND SOCIAL JUSTICE

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JSA 0E1051 1.000 9086PY 765H 5/10/2022 2:14:21 PM

#### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
<u>Do</u>	not include amounts reported on lines 6b, 7b,				<u> </u>					
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
	Grants and other assistance to domestic organizations		елрепзез	general expenses	елрепзез					
'	and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic									
_	individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	457,203.	308,124.	60,893.	88,186.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	559,431.	377,048.	74,495.	107,888.					
	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0.								
9	Other employee benefits	0.								
10	Payroll taxes	0.								
11	Fees for services (nonemployees):									
	Management	0.								
	Legal	0.								
	Accounting	0.								
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17	0.								
f	Investment management fees	0.								
	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	238,858.	180,145.	58,713.						
12		5,668.	3,819.	756.	1,093.					
13	Office expenses	33,371.	22,491.	4,443.	6,437.					
14	Information technology	0.								
15	Royalties	0.								
16	Occupancy	0.								
17	Travel	499.	336.	67.	96.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	1,585.	1,585.							
20	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	0.								
23	Insurance	3,957.	2,667.	527.	763.					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
<u> </u>	PROGRAM EXPENSES	2,785.	2,785.							
-	POSTAGE & DELIVERY	672.	451.	91.	130.					
-	TELEPHONE	8,293.	5,589.	1,105.	1,599.					
d	BANK SERVICE CHARGES	948.	643.	122.	183.					
е	All other expenses	20,648.	1,784.	18,353.	511.					
	Total functional expenses. Add lines 1 through 24e	1,333,918.	907,467.	219,565.	206,886.					
26	<b>Joint costs.</b> 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)	0.			Form <b>QQQ</b> (2020)					

Form **990** (2020)

#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	225,724.	1	178,478.
	2	Savings and temporary cash investments		2	169,809.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net	40 450	4	206,500.
	5	Loans and other receivables from any current or former officer, director	.,		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	_	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	0.
ts	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use	_		0.
As	9	Prepaid expenses and deferred charges		9	10,636.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 31,99	5.		
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities	_		0.
	12	Investments - other securities. See Part IV, line 11	_		0.
	13	Investments - program-related. See Part IV, line 11.	•		0.
	14	Intangible assets	•		0.
	15	Other assets. See Part IV, line 11	•	1.4	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	565,423.
	17	Accounts payable and accrued expenses		17	143,962.
	18	Grants payable	•		0.
	19		•		0.
	20	Deferred revenue	•		0.
	20 21	Tax-exempt bond liabilities	•		0.
	22		•	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director			
bili		trustee, key employee, creator or founder, substantial contributor, or 35%		00	0.
Lial	22	controlled entity or family member of any of these persons	-		0.
	23	Secured mortgages and notes payable to unrelated third parties	•		0.
	24 25	Unsecured notes and loans payable to unrelated third parties	•	24	0.
	25	Other liabilities (including federal income tax, payables to related thin parties, and other liabilities not included on lines 17-24). Complete Part 2			
				25	84,010.
	26	of Schedule D	•		227,972.
	20	Total liabilities. Add lines 17 through 25	217,010.	26	221,312.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	229,549.	27	337,451.
<b>Fund Balances</b>	27 28			27	0.
þ	20	Net assets with donor restrictions.	0.	28	0.
		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4 SE	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net /	32	Total net assets or fund balances		32	337,451.
ž	33	Total liabilities and net assets/fund balances		33	565,423.
			-1 , -1	, 55	Form <b>990</b> (2020)

Form **990** (2020)

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2			33,9		
3	Revenue less expenses. Subtract line 2 from line 1	3		107,902.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		229,549.			
5	Net unrealized gains (losses) on investments	5		0.			
6	6 Donated services and use of facilities						
7	Investment expenses	7				0.	
8	Prior period adjustments	8		0.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))						
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>		
			-		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na				
	separate basis, consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			

#### **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. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of t	ne organization					Employer identifi	cation number
INS	STI	TUTE FOR SPORT AND S	SOCIAL JUSTIC	CE			47-51273	94
Pa	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	Х	An organization that norma	_			-		om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe			Part II.)			
9		An agricultural research org				operated	d in conjunction with a	land-grant college
		or university or a non-land-						
		university:		,	,		. •	· ·
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	-	=	-			
		of one or more publicly su	-					
		Check the box in lines 12a t	hrough 12d that de	escribes the type of su	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	es of the
		_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
		_ its supported organization	n(s) (see instruction	ns). You must comple	te Part l'	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
		_ requirement (see instructi	ions). You must co	omplete Part IV, Secti	ions A a	nd D, an	d Part V.	
е		$oxedsymbol{ox}$ Check this box if the orga	nization received	a written determinatio	n from tl	he IRS th	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	tion.	
f		ter the number of supported	-					
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
.,								
(B)								
(C)								
(C)								
(D)								
(E)								
. ,					1	1		

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

Schedule A (Form 990 or 990-EZ) 2020

**Total** 

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	441,720.	375,686.	726,631.	681,309.	725,875.	2,951,221.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	441,720.	375,686.	726,631.	681,309.	725,875.	2,951,221.
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						
6	shown on line 11, column (f) ATCH 1 <b>Public support.</b> Subtract line 5 from line 4						161,802.
6	tion B. Total Support						2,789,419.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	441,720.	375,686.	726,631.	681,309.	725,875.	2,951,221.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,243.	2,628.	1,257.	708.	19.	7,855.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 2	3,503.		1,483.	279,456.	309,766.	594,208.
11	Total support. Add lines 7 through 10						3,553,284.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,112,960.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	· · · · · · · · · · · · · · · · · · ·					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2020 (lin					14	78.50 <b>%</b>
15	Public support percentage from 2019					15	%
16a	<b>33</b> 1/3% <b>support test - 2020.</b> If the org						
	box and <b>stop here.</b> The organization qu	•		•			
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			=	•	-	
L	organization						
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization mosts					-	•
	in Part VI how the organization meets			_	-		
19	organization						
18							
	instructions						<u> </u>

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				<u> </u>	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on	_							
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on		received. (Do not include any "unusual grants.")						
turnished in any activity purpose	2							
a granization's beceive the purpose.  3 Gross receipts from activities that are not an unrelieud trade or business under accion 513.  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from disqualified apersons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount of line 14 for the organization of line 14 or line 15 is more than 331/3%, and line 15 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 15 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for 14 for 16 fo		sold or services performed, or facilities						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6  9 Amounts from line 6  9 Amounts from line 6  9 Unrelated business taxable income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  10 Agross income from interest, dividends, payments received on securities learns, rents, royalise, and income from similar societies acquired affer June 30, 1975 .  10 Agross income from line 100, whether or not the business is acquired affer June 30, 1975 .  11 All Net income from unrelated business acquired affer June 30, 1975 .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9, 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (f), divided by line 13, column (fi)) .  18 Investment income percentage for 2020 (line 6) column (f), divided by line 13, column (fi)) .  19 a 331/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qua		furnished in any activity that is related to the						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6  9 Amounts from line 6  9 Amounts from line 6  9 Unrelated business taxable income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  10 Agross income from interest, dividends, payments received on securities learns, rents, royalise, and income from similar societies acquired affer June 30, 1975 .  10 Agross income from line 100, whether or not the business is acquired affer June 30, 1975 .  11 All Net income from unrelated business acquired affer June 30, 1975 .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9, 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (f), divided by line 13, column (fi)) .  18 Investment income percentage for 2020 (line 6) column (f), divided by line 13, column (fi)) .  19 a 331/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qua		·						
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organization's benefit and either paid to or expended on its behalf	4							
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8 Public support. (Subtract line 7c from line 6.) Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2019 Schedule A, Part III, line 15.  16 Public support percentage from 2019 Schedule A, Part III, line 15.  17 Investment income percentage from 2019 Schedule A, Part III, line 17.  18 Investment income percentage from 2019 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests - 2019. If the organization did not check a box on line 14 or line 19 for more than 331/3% and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	_	·						
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and 12.)	13							
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Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	1-7	-	-			•		` ` ` ` `
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16 Public support percentage from 2019 Schedule A, Part III, line 15				<u> </u>	mn (f))		15	%
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line 18 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	h							
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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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 line 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
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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			i age o
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in <b>Part VI</b> .	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		0110).	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Se	ection 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		
Se	ection 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization
-	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	9 Distributable amount for 2020 from Section C, line 6 9						
10	10 Line 8 amount divided by line 9 amount						
		(1)	(ii)		(iii)		

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

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

						ATTACHMENT	' 1
SCHEDULE A, PART II -	EXCESS CONTR	IBUTIONS	=				
(NOT OPEN TO PUBLIC IN	ISPECTION)						EXCESS
CONTRIBUTOR NAME			TOTAL CONTRIBUTI			2% OF 11(F)	CONTRIBUTION  AMOUNT
NFL FOUNDATION			125	,000.		71,066.	53,934.
NBA			125	,000.		71,066.	53,934.
MLB			125	,000.		71,066.	53,934.
TOTAL			375	,000.			161,802.
					_		
SCHEDULE A, PART II -	OTHER INCOME				<u> </u>	ATTACHMENT	2
DESCRIPTION	2016	2017	2018	2019		2020	TOTAL
OTHER INCOME	3,503.		1,483.	20,88	84.	90,042.	115,912.
FUNDRAISING EVENTS				234,19	95.	219,724.	453,919.
TOTALS	3,503.	- =	1,483.	255,0	<u> </u>	309,766.	569,831.

### 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

**2020** 

**Employer identification number** 

INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394 Organization type (check one): Filers of: Section: X 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number 47-5127394

Part I	Contributors	(see instructions).	Use duplicate copie	es of Part I if addition	al space is needed.
		(			

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$50,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number

			47-5127394
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	. ,		

Person **Payroll** 

Noncash (Complete Part II for noncash contributions.)

\$

Name of organization INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number 47-5127394

art II	<b>Noncash Property</b>	(see instructions	). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

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

Name (			Foundation of the Co. C
Name of o	organization INSTITUTE FOR SPORT AND	SOCIAL JUSTICE	Employer identification number
			47-5127394
Part III	(10) that total more than \$1,000 for the	he year from any one contribut ons completing Part III, enter the to year. (Enter this information once	tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4 Re	elationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4 Re	elationship of transferor to transferee

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

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TNIS	STITUTE FOR SPORT AND SOCIAL JUSTICE	47-5127394
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	iccounts.
	(a) Donor advised funds	(b) Funds and other accounts
4	· · · · · · · · · · · · · · · · · · ·	(a) i unus ana sunsi assisano
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
4 5	Aggregate value at end of year	donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	• • • • • • • • • • • • • • • • • • • •
0	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	Int II Conservation Easements.	
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-		a historically important land area
		a certified historic structure
	Preservation of open space	a detailed motorio diractare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	·	2a
b		2b
C		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
ŭ		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
•	tax year	ated by the enganization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	<b>&gt;</b>	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	<b>▶</b> \$	ű ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	V N-
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public selitems
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star	
	art, historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items:	irch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2** 

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other Si	milar Assets (d	continued)	rage =
3	Using the organization's acquisition								
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	r exchange	e program			
b	Scholarly research		е _	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expl	ain how t	hey furthe	r the orgar	nization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations of	of art, histo	orical treas	ures, or oth	er similar		
	assets to be sold to raise funds rath		tained as pa	art of the o	organizatio	n's collectio	n?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	art IV, line	e 9, or repo	orted an amour	nt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trus								_
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Did the organization include an am							Yes _	_ No
	If "Yes," explain the arrangement i	n Part XIII. Check i	nere if the e	xpianation	nas been p	provided on	Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	'es" on For	m 000 E	Part IV/ line	a 10			
	Complete if the organiza	(a) Current year	(b) Pric		(c) Two yea		d) Three years back	(e) Four year	re book
		,	.,	л усаг	(6) 1110 900	, AODE OIL	J) Tillee years back	(e) i oui yea	- Dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	- ( th		- (l' <b>4</b> -		\			
2 a	Provide the estimated percentage Board designated or quasi-endown		end baland	e (line 1g,	column (a)	) neid as:			
b	Permanent endowment	%							
c	Term endowment ▶								
·	The percentages on lines 2a, 2b, a	- ′ •	100%						
3a	Are there endowment funds not in	-		ation that	are held ar	nd administ	ered for the		
-	organization by:	россосон с.			a. oo.a a.		0.00.00.00.	Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•			-	_		
Pa	rt VI Land, Buildings, and Equ Complete if the organize						D		
	Complete if the organize Description of property	ation answered "	es" on Fo						0.
	Description of property		or other basis stment)		or other basis ther)	(c) Accum deprecia		) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				31,995.	31	,995.		
е	Other								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. columi	(B). line 1	0c.)	<b>•</b>		

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 990 Part	X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market valuation	
(1) Financi	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	# 15 15 15 15 15 15 15 15 15 15 15 15 15			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part	: X, line 15.
	(a) Des	scription	(	<b>b)</b> Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(I) we set a see I Farms 2000, Barri V, and (B) I	' 45 \		
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 99	0, Part X,
1.		tion of liability	(	<b>b)</b> Book value
(1) Feder	ral income taxes			
(2) PPP	LOAN PAYABLE			84,010
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u> ▶	84,010.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that re	ports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2020 Page 4

	( O III 000) 2020		r age -r
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,485,105.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d e	Other (Describe in Part XIII.)	2e	43,285.
3	Subtract line 2e from line 1	3	1,441,820.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	1,441,820.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,377,203.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities 22, 957.		
a b	Donated services and use of facilities		
C	Other losses.	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	43,285.
3	Subtract line 2e from line 1	3	1,333,918.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,333,918.
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V	line 4: Part X line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	, , , , , , , , , , , , , , , , , , , ,
SEE	PAGE 5		

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EXPENSES \$20,328

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EXPENSES \$20,328

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE REQUIREMENTS FOR THE RECOGNITION OF INCOME TAXES IN FINANCIAL STATEMENTS, AND THE AMOUNTS RECOGNIZED ARE AFFECTED BY INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION. THE ORGANIZATION'S POSITION THAT IT IS TAX EXEMPT UNDER SECTION 501(C)(3) AND THE POSITION THAT NONE OF ITS INCOME IS UNRELATED BUSINESS TAXABLE INCOME ARE DEFINED AS TAX POSITIONS UNDER THESE REQUIREMENTS. WHILE MANAGEMENT BELIEVES IT HAS COMPLIED WITH THE INTERNAL REVENUE CODE, THE SUSTAINABILITY OF SOME INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION MAY BE UNCERTAIN. THERE ARE MINIMUM THRESHOLDS OF LIKELIHOOD THAT UNCERTAIN TAX POSITIONS ARE REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IN THE EVENT INTEREST AND PENALTIES WERE INCURRED RELATING TO AN UNSUSTAINABLE TAX POSITION, THEY WOULD BE TREATED AS A COMPONENT OF INCOME TAX EXPENSE. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2021.

Schedule D (Form 990) 2020

#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Sche	edule	INSTIT	UTE FOR SPORT ANI	O SOCIAL JUSTICE	47-	-5127394
_	rt I		aising event contribut			line 18, or reported
			(a) Event #1 BANQUET	(b) Event #2 CAP CAMPAIGN	(c) Other events	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	219,724.	125,000.		344,724.
~	2	Less: Contributions Gross income (line 1 minus				
_		line 2)	219,724.	125,000.		344,724.
	4	Cash prizes				
	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	20,328.			20,328.
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		20,328. 324,396.
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990,	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
benses	2	Cash prizes				
be	3	Noncash prizes				

Rev	1 Gross revenue				
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
rect E	4 Rent/facility costs				
莅	5 Other direct expenses				
	6 Volunteer labor	Yes	% Yes% No	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in col	lumn (d)	<b>&gt;</b>	
	8 Net gaming income summary. Sul	btract line 7 from lin	e 1, column (d)	<b>&gt;</b>	
9 a k				s?	Yes No
10a	,	g licenses revoked, su	spended, or terminated dur	ring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2020
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
~	amount of gaming revenue retained by the third party  \$\bigs\  \bigs\  \bigs\
С	If "Yes," enter name and address of the third party:
•	The state of the s
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

Department of the Treasury Internal Revenue Service Name of the organization

INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number 47-5127394

OMB No. 1545-0047

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
2	organization or a related organization:  Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	and the same of the same persons and approximation and approximati			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х
8	payments not described on lines 5 and 6? If "Yes," describe in Part III			- 1
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394

Schedule J (Form 990) 2020 Page 2

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation		reportable	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DELISE O'MEALLY	(i)	5,000.	0.	0.			5,000.	
1CEO	(ii)	205,165.	0.	0.	6,615.	19,585.	231,365.	
DR. JEFF O'BRIEN	(i)	55,593.	0.	0.			55,593.	
2VICE PRESIDENT	(ii)	133,066.	0.	0.	4,144.	21,793.	159,003.	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394

Schedule J (Form 990) 2020 Page 3

#### Part | Supplemental Information

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

SCHEDULE J, PART II

DELISE O'MEALLY, JEFF O'BRIEN, AND KEITH LEE ARE COMPENSATED BY THE

UNIVERSITY OF CENTRAL FLORIDA (UCF). UCF IS NOT RELATED TO THIS

ORGANIZATION, UCF DID PROVIDE SUPPORT TO THE ISSJ BY PAYING THESE

EMPLOYEES TO WORK FOR THE ISSJ ON A FULL-TIME BASIS FROM FUNDS PARTIALLY

CREATED BY AN ENDOWMENT INTENDED TO SUPPORT ISSJ.

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

#### 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

47-5127394

INSTITUTE FOR SPORT AND SOCIAL JUSTICE

FORM 990, PART VI, LINE 11B

PRIOR TO SUBMITTING FORM 990 TO THE INTERNAL REVENUE SERVICE, THE

ORGANIZATION'S PRESIDENT AND ANOTHER DIRECTOR REVIEW A DRAFT OF THE

RETURN. IT IS THEN EMAILED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO

FILING.

FORM 990, PART VI, LINE 12C

THE ISSJ FOLLOWS THE UNIVERSITY OF CENTRAL FLORIDA'S CONFLICT OF INTEREST POLICY. DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A QUESTIONNAIRE ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 18

THE ORGANIZATION MAINTAINS A WEBSITE WHICH PROVIDES A LINK TO "CONTACT US." IT IS ANTICIPATED THAT THE ORGANIZATION WILL MAKE A PDF COPY OF THIS FORM 990 WHICH CAN BE PRINTED OR EMAILED UPON REQUEST.

FORM 990, PART VI, LINE 19

THE ORGANIZATION FOLLOWS THE POLICIES DEVELOPED BY THE UNIVERSITY OF

CENTRAL FLORIDA OFFICE OF RESEARCH AND COMMERCIALIZATION IN REGARDS TO

DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES AND FINANCIAL INFORMATION.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HUDDLE-UP (HU) IS A LEADERSHIP-INFUSED EDUCATIONAL PROGRAM THAT

UTILIZES ACTIVE LEARNING STRATEGIES TO MAXIMIZE INTERACTIVE

DIALOGUE AND ENHANCE PARTICIPANT LEARNING. HU IS SUBDIVIDED IN

Name of the organization

INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number

47-5127394

ATTACHMENT 1 (CONT'D)

#### THREE KEY AREAS:

- 1. HU TO PREVENT GENDER BASED VIOLENCE FOCUSES ON PREVENTING ALL FORMS OF MEN'S VIOLENCE AGAINST WOMEN, AND ADDRESSES THE FULL CONTINUUM OF ABUSIVE BEHAVIORS AND EMPOWERING PARTICIPANTS TO UNDERSTAND HOW MISOGYNISTIC LANGUAGE, SEXUAL HARASSMENT, GENDERED BULLYING, SEXUAL ASSAULT, RAPE AND DOMESTIC VIOLENCE ARE LINKED TOGETHER. IT IS A MULTI-RACIAL MIXED GENDER PROGRAM THAT INTRODUCES AND DEVELOPS THE BYSTANDER APPROACH TO VIOLENCE PREVENTION.
- 2. HU FOR DIVERSITY EQUITY AND INCLUSION FOCUSES ON BUILDING
  COMMUNITY AND BUILDING TRUST, EMBRACING VULNERABILITY AS A
  LEADERSHIP SKILL, DISCUSSES THE POWER OF LANGUAGE, THE POWER OF
  SYMBOLISM, UNCONSCIOUS BIAS AND ALLYSHIP, EQUALITY VS EQUITY AND
  EMPOWERS PARTICIPANTS TO UNDERSTAND HOW PRIVILEGE, BIAS,
  DISCRIMINATION AND STEREOTYPES CAN CREATE AN UNWELCOME
  ENVIRONMENT. THIS PROGRAM SEEKS TO ENGAGE, EMPOWER, AND EQUIP
  ORGANIZATIONS TO RISE TO THE SOCIAL JUSTICE MOMENT, INSPIRING
  LEADERSHIP, INCREASING TRUST, AND ELEVATING THE CULTURE OF THE
  ORGANIZATION.
- 3. HU FOR LEADERSHIP DEVELOPMENT EDUCATES AND EMPOWERS

  STUDENT-ATHLETES, COACHES AND ATHLETICS ADMINISTRATORS THROUGH

  TRANSFORMATIVE EXPERIENCES THAT DEVELOP STRONG, EFFECTIVE LEADERS,

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization Employer identification number INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394

ATTACHMENT 1 (CONT'D)

CULTIVATE AN INCLUSIVE COMMUNITY AND ENHANCE THE COLLEGE SPORTS LANDSCAPE.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
SERVICES & PROFESSIONAL FEES	238,858.	180,145.	58,713.	
TOTALS	238,858.	180,145.	58,713.	