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### Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 09/30,**20**09 C Name of organization ATLANTA TRACK CLUB, D Employer identification number B Check if applicable Please Address Doing Business As <u>58-136</u>7422 lahel o Number and street (or P O box if mail is not delivered to street address) E Telephone number onnt o Room/suite Name change type Initial return 3097 EAST SHADOWLAWN AVENUE (404)231-9064 Specifi City or town, state or country, and ZIP + 4 Amended return tions G Gross receipts \$ GA 30305-2403 103 F Name and address of principal officer TRACEY RUSSELL Application pending H(a) Is this a group return for Yes X No H(b) Are all affiliates included? EAST SHADOWLAWN AVENUE ATLANTA, GA 30305-2403 Yes X 501(c) (3 ) ◀ (insert no) If "No," attach a list (see instructions) 4947(a)(1) or Website ▶ WWW. ATLANTATRACKCLUB. ORG H(c) Group exemption number L Year of formation 1964 M State of legal domicile Type of organization | X | Corporation Part I Summary Briefly describe the organization's mission or most significant activities \_\_\_\_ TO INSPIRE AND ENGAGE THE COMMUNITY TO ACHIEVE HEALTH AND FITNESS Governance Check this box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Activities Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of employees (Part V, line 2a) 13 Total number of volunteers (estimate if necessary) . . . . . . 4,000 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a 7,000 b Net unrelated business taxable income from Form 990-T, line RFCFIVED Prior Year Current Year Contribution and grants (Part VIII, line 1h) 639,165 855, 152. Program service revenue (Part VIII, line 2g) 2,148,417 2,824,042. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 46,178 -250, 258. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, end 1e) EN 96,606 2,121. 12 Total revenue - add lines 8 through 11 (must equal Part-VIII, column 2,930,366 3,431,057. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 106,308 260,054. Benefits paid to or for members (Part IX, column (A), line 4) NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 732,846 828,727. 16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) ▶ \_\_\_\_\_20,024. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . . . 2,124,411 2,271,404. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,963,565 3,360,185. 19 Revenue less expenses Subtract line 18 from line 12 -33,19970,872. End of Year Beginning of Year Assets 1 Balanc 2 1 20 2.598,841. Total assets (Part X, line 16) 2,555,545 Total liabilities (Part X, line 26) 514,459 390,562. 호취 22 Net assets or fund balances Subtract line 21 from line 20. . . Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Executive Director Preparer's identifying number All6 1 1 Check if Preparer's (see instructions) Paid signature employed P00746804 if self-employed), address, and ZIP + 4 Preparer's EIN 58-1250486 171 17TH STREET, Phone no SUITE 900 ATLANTA, 404-874-6244 May the IRS discuss this return with the preparer shown above? (See instructions) . . . .

1TYOHC 9242 08/10/2010 17:07:43 V08-8.3

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes

Form 990 (2008)

| For        | m 990 (2008)                                                         | 58-1367422                                           | Page 2                                |
|------------|----------------------------------------------------------------------|------------------------------------------------------|---------------------------------------|
| Pa         | art III Statement of Program Service Accomplishments (               |                                                      |                                       |
| 1          | Briefly describe the organization's mission                          |                                                      |                                       |
|            | TO INSPIRE AND ENGAGE THE COMMUNITY TO                               | ACHIEVE HEALTH AND FITNESS                           |                                       |
|            | THROUGH RUNNI NG.                                                    |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
| 2          | Did the organization undertake any significant program se            |                                                      |                                       |
|            | the prior Form 990 or 990-EZ?                                        | • • • • • • • • • • • • • • • • • • • •              | Yes X No                              |
| _          | If "Yes" describe these new services on Schedule O                   | al                                                   |                                       |
| 3          | Did the organization cease conducting, or make significant services? | conducts, any program                                | Yes X No                              |
|            | If "Yes," describe these changes on Schedule O                       |                                                      |                                       |
| 4          | Describe the exempt purpose achievements for each of the c           | rganization's three largest program services by expe | enses.                                |
|            | Section 501(c)(3) and 501(c)(4) organizations and section 49         |                                                      |                                       |
|            | allocations to others, the total expenses, and revenue, if any,      | for each program service reported                    |                                       |
|            |                                                                      |                                                      |                                       |
| 48         | a (Code) (Expenses \$                                                | grants of \$ 160, 686 ) (Revenue \$                  | 2, 637, 312.                          |
|            | THE ATLANTA TRACK CLUB ORGANIZES MORE THE                            | HAN 20 RUNNING EVENTS A                              |                                       |
|            | YEAR INCLUDING THE 2 SIGNATURE RACES - 1                             | THE AJC PEACHTREE ROAD RACE                          |                                       |
|            | AND THE ATLANTA MARATHON AND HALF MARAT                              |                                                      |                                       |
|            | EVENTS ATTRACTED MORE THAN 66,000 RUNNE                              | RS COMBINED, MANY OF WHOM                            |                                       |
|            | USED THE EVENT AS A GOAL TO GET IN SHAPE                             |                                                      |                                       |
|            | LIFESTYLE. THE ATC GRAND PRIX RACE SERI                              |                                                      |                                       |
|            | COMPETE IN A SERIES OF RACES THROUGHOUT                              |                                                      |                                       |
|            | ALONG THE WAY.                                                       |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
| 4t         | b (Code ) (Expenses \$ 76,433. including                             | grants of \$ ) (Revenue \$                           | )                                     |
|            | THE ATLANTA TRACK CLUB'S KILOMETER KIDS                              |                                                      |                                       |
|            | PROVIDES MORE THAN 1,700 ATLANTA AREA YO                             |                                                      |                                       |
|            | PARTICIPATE IN A FUN AND SUPPORTIVE RUN                              |                                                      |                                       |
|            | PARTNERSHIP WITH THE BOYS & GIRLS CLUB (                             |                                                      |                                       |
|            | AREA YMCA'S AND ELEMENTARY SCHOOLS, KILO                             |                                                      |                                       |
|            | CHILDREN IN LOWER SOCIO-ECONOMIC NEIGHBO                             |                                                      |                                       |
|            | MAKE FITNESS FUN WHILE HELPING TO FIGHT                              |                                                      | · <u> </u>                            |
|            | OBESITY.                                                             |                                                      | <del></del>                           |
|            |                                                                      | · · · · · · · · · · · · · · · · · · ·                |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
| 40         | c (Code) (Expenses \$447, 129 including g                            | rants of \$ 99, 368) (Revenue \$                     | 203,442 )                             |
|            | AS A MEMBERSHIP BASED ORGANIZTION WITH                               | CLOSE TO 8,000 MEMBERS, THE                          |                                       |
|            | ATLANTA TRACK CLUB OFFERS SEVERAL LEVELS                             | OF MEMBERSHIP PROVIDING                              |                                       |
|            | BENEFITS AND OUTREACH TO PEOPLE OF ALL                               | AGES AND ATHLETIC                                    |                                       |
|            | ABILITIES.                                                           |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
|            |                                                                      |                                                      |                                       |
| _          |                                                                      |                                                      |                                       |
| 40         | Other program services (Describe in Schedule O)                      |                                                      |                                       |
|            | (Expenses \$ including grants of \$                                  | ) (Revenue \$                                        | · · · · · · · · · · · · · · · · · · · |
| 4€         | e Total program service expenses ►\$ 2,880,156. (                    | Must equal Part IX, Line 25, column (B) )            |                                       |
| JSA<br>8E1 | 1020 1 000                                                           |                                                      | Form <b>990</b> (2008)                |

| Form 9   | 90 (2008) 58-1367422                                                                                                                                                                                           |          | 1   | Page 3    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-----------|
| Part     |                                                                                                                                                                                                                |          |     |           |
|          |                                                                                                                                                                                                                |          | Yes | No        |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                                                                                                  |          |     |           |
|          | complete Schedule A                                                                                                                                                                                            | 1        | X   |           |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                 | 2        | Х   | <u> </u>  |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                                                                               |          |     |           |
|          | candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                            | 3        |     | <u>X</u>  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete                                                                                                        |          |     |           |
| _        | Schedule C, Part II                                                                                                                                                                                            | 4        |     | <u>X</u>  |
| 5        | Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)                                                                                                 | _        |     |           |
| •        | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III                                                                                                                        | 5        |     | ├─        |
| 6        | Did the organization maintain any donor advised funds or any accounts where donors have the right to                                                                                                           |          |     |           |
|          | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                   |          |     |           |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                      | 6        |     | <u> X</u> |
| •        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                           | 7        |     |           |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                                                                            | <b>-</b> |     | X         |
| •        | complete Schodule D. Bort III                                                                                                                                                                                  | 8        |     | l .       |
| 9        | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part                                                                                                  | -        |     | X         |
|          | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"                                                                                                       |          |     |           |
|          | complete Schedule D, Part IV                                                                                                                                                                                   | 9        |     | x         |
| 10       | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                | 10       |     | X         |
| 11       | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,                                                                                                   |          |     | <u> </u>  |
|          | Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                    | 11       | х   | İ         |
| 12       | Did the organization receive an audited financial statement for the year for which it is completing this return                                                                                                |          |     |           |
|          | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                                              | 12       |     | Х         |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                              | 13       |     | Х         |
| 14a      | Did the organization maintain an office, employees, or agents outside of the U.S.?                                                                                                                             | 14a      |     | X         |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,                                                                                                  |          |     |           |
|          | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I                                                                                                               | 14b      | Х   | <u> </u>  |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any                                                                                                   |          |     |           |
|          | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II                                                                                                               | 15       |     | X         |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance                                                                                                |          |     |           |
|          | to individuals located outside the United States? If "Yes," complete Schedule F, Part III.                                                                                                                     | 16       | X   | <u> </u>  |
| 17       | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I                                                                                         | 17       |     | X         |
| 18       | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                     | 18       |     | X         |
| 19<br>20 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                  | 19       | -   | X         |
| 21       | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 20       |     | X         |
| 22       | Did the organization report more than \$5,000 on Part IX, column (A), line 17 if Yes, "complete Schedule I, Parts I and III                                                                                    | 21       | X   | $\vdash$  |
| 23       | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete                                                                                                            | 22       | Х   | $\vdash$  |
|          | Schodulo I                                                                                                                                                                                                     | 23       | х   |           |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                                                                                                            |          |     | $\vdash$  |
|          | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions                                                                                                  |          |     | i         |
|          | 24b-24d and complete Schedule K If "No," go to question 25                                                                                                                                                     | 24a      |     | ×         |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                              | 24b      |     |           |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year                                                                                                      |          |     |           |
|          | to defease any tax-exempt bonds?                                                                                                                                                                               | 24c      |     |           |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                        | 24d      |     |           |
| 25a      | Section 501(c)(3) and 501(c)(4) 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      |     | <u>x</u>  |
| b        | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified                                                                                                     |          |     | _         |
|          | person from a prior year? If "Yes," complete Schedule L, Part I                                                                                                                                                | 25b      |     | <u>x</u>  |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or                                                                                              |          |     |           |
|          | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                                                                           | 26       |     | <u>x</u>  |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or                                                                                                    |          |     | 1         |
| JSA      | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                                                                                                 | 27       | 000 | <u>_x</u> |
| 8E 1021  | 1 000                                                                                                                                                                                                          | Form     | 990 | (2008)    |

#### -Part-IV-Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L. 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b Х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . . . 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part

Form 990 (2008)

| -Par     | Statements Regarding Other IRS Filings and Tax Compliance                                                             |      |       |          |   |
|----------|-----------------------------------------------------------------------------------------------------------------------|------|-------|----------|---|
|          |                                                                                                                       |      | Yes   | No       |   |
| 1 a      | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of                                    | =, , |       | 17,      |   |
|          | U.S. Information Returns Enter -0- if not applicable                                                                  | ,    |       |          | ١ |
| b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable                                        | ]    |       | ] !      | Į |
|          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable           |      |       | 1-       |   |
|          | gaming (gambling) winnings to prize winners?                                                                          | 1 c  | Х     |          |   |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                       |      |       |          | Ī |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a 13                   |      |       |          | l |
| ь        | 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 this return (see instructions) |      |       |          | ļ |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by               |      |       |          |   |
|          | this return?                                                                                                          | 3a   | X     |          |   |
| h        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                      | 3 b  | Х     |          |   |
|          | 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        |   |
| h        | If "Yes," enter the name of the foreign country                                                                       |      |       | <u> </u> | ĺ |
|          | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank             |      |       |          |   |
|          | and Financial Accounts                                                                                                |      |       |          |   |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                 | 5a   |       | Х        |   |
| h        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?      | 5 b  | -     | X        |   |
| c        | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding      |      | -     | <u> </u> |   |
| ·        | Prohibited Tax Shelter Transaction?                                                                                   | 5c   |       |          |   |
| 6a       | Did the organization solicit any contributions that were not tax deductible?                                          | 6a   |       | Х        |   |
|          | If "Yes," did the organization include with every solicitation an express statement that such contributions or        |      |       |          |   |
| _        | gifts were not tax deductible?                                                                                        | 6ь   |       |          |   |
| 7        | Organizations that may receive deductible contributions under section 170(c).                                         |      |       |          | ĺ |
| a        | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.      | 7a   | Х     |          |   |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                       | 7b   | Х     |          |   |
| c        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was              |      |       |          | • |
|          | required to file Form 8282? · · · · · · · · · · · · · · · · · · ·                                                     | 7с   |       | Ιx       |   |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year                                                     |      | -     |          | ĺ |
|          | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal       | 1    |       |          |   |
| -        | benefit contract?                                                                                                     | 7e   |       | Х        |   |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?          | 7 f  |       | Х        |   |
| a        | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?            | 7g   |       | Х        |   |
| h        | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as           |      |       |          |   |
|          | required?                                                                                                             | 7h   |       | Х        |   |
| 8        | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section                      |      |       |          | į |
|          | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring             |      |       |          |   |
|          | organization, have excess business holdings at any time during the year?                                              | 8    |       |          |   |
| 9        | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.                                 |      |       |          |   |
| а        | Did the organization make any taxable distributions under section 4966?                                               | 9a   |       | <u> </u> |   |
| b        | Did the organization make a distribution to a donor, donor advisor, or related person?                                | 9b   |       |          |   |
| 10       | Section 501(c)(7) organizations. Enter                                                                                |      |       |          | į |
| а        | Initiation fees and capital contributions included on Part VIII, line 12                                              |      |       |          |   |
|          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                       | ]    |       | '        | - |
| 11       | Section 501(c)(12) organizations. Enter                                                                               |      |       |          | ļ |
| а        | 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 )                                                                                   | ļ    |       | ļ        | į |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?            | 12a  |       | <u> </u> |   |
| <u>b</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b                           |      |       | L        |   |
|          |                                                                                                                       |      | ~ ~ ~ |          |   |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

Section A. Governing Body and Management

| Sect  | ion A. Governing Body and Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |     |           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-----------|
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | Yes | No        |
|       | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |     |           |
|       | circumstances, process, or changes in Schedule O. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |     | ι         |
| 1a    | Enter the number of voting members of the governing body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |     |           |
| b     | Enter the number of voting members that are independent 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |     |           |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -     |     |           |
|       | any other officer, director, trustee, or key employee?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2     | Χ   |           |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |     |           |
|       | supervision of officers, directors or trustees, or key employees to a management company or other person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3     |     | X         |
| 4     | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4     | Χ   |           |
| 5     | Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5     |     | X         |
| 6     | Does the organization have members or stockholders?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6     | X   |           |
| 7a    | Does the organization have members, stockholders, or other persons who may elect one or more members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | }     |     |           |
|       | of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7a    | Χ   |           |
| þ     | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7b    | Х   |           |
| 8     | Did the organizations contemporaneously document the meetings held or written actions undertaken during                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |     | !         |
|       | the year by the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |     |           |
| а     | The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8 a   | Χ   |           |
| b     | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 b   | Х   |           |
| 9a    | Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9a    |     | Х         |
| b     | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |     |           |
|       | affiliates, and branches to ensure their operations are consistent with those of the organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9 b   |     |           |
| 10    | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |     |           |
|       | must describe in Schedule O the process, if any, the organization uses to review the Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10    | Χ   |           |
| 11    | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |     |           |
|       | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11    |     | <u>X</u>  |
| Secti | on B. Policies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           |
| 40-   | Dans the consequence have a continue of the first of the | —     | Yes | No        |
|       | Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12a   | X   |           |
| D     | Are officers, directors or trustees, and key employees required to disclose annually interests that could give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           |
| _     | rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12b   | X   |           |
| С     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |     |           |
| 13    | describe in Schedule O how this is done                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12c   | Х   |           |
| 14    | Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13    | Х   |           |
| 15    | Did the process for determining compensation of the following persons include a review and approval by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14    | X   |           |
| 13    | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |     | ŧ         |
| •     | The organization's CEO, Executive Director, or top management official?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |     |           |
| h     | Other officers or less explanation of the experience of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15a   | X   |           |
|       | Describe the process in Schedule O (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15b   |     | <u> X</u> |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 460   |     | v         |
| b     | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16a   |     | _X        |
| ~     | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           |
|       | the organization's exempt status with respect to such arrangements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 166   | ĺ   |           |
| Secti | on C. Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1001  |     |           |
| 17    | List the states with which a copy of this Form 990 is required to be filed > CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |     |           |
| 18    | List the states with which a copy of this Form 990 is required to be filed ►_GA,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |     |           |
|       | available for public inspection. Indicate how you make these available. Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | only) |     |           |
|       | Own website X Another's website X Upon request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |           |
| 19    | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | est   |     |           |
|       | policy, and financial statements available to the public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | COL   |     |           |
| 20    | State the name, physical address, and telephone number of the person who possesses the books and records of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10    |     |           |
|       | organization ►TRACEY RUSSELL 3097 EAST SHADOWLAWN AVENUE ATLANTA, GA 30305-2403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |     |           |
|       | 404-231-9064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |     |           |
|       | 101 231 3001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |     |           |

## Part-VII- Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

| Check this box if the organization did not com | pensate an                          | y offic                                 | cer,                 | dıre         | ecto | r, trus                          | tee       | , or key employee                                                 |                                                                        |                                                                                            |
|------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------|--------------|------|----------------------------------|-----------|-------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                          | (B)<br>Average<br>hours per<br>week | រា<br>Individual trustee<br>Or director | nstitutional trustee | chec Officer |      | ল্ল Highest compensated employee | S) Former | (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 |
| SEE SCHEDULE J-2                               | _                                   |                                         |                      |              |      |                                  |           |                                                                   |                                                                        |                                                                                            |
|                                                |                                     |                                         |                      |              |      |                                  |           |                                                                   |                                                                        |                                                                                            |
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|                                                |                                     |                                         |                      |              |      |                                  |           |                                                                   |                                                                        |                                                                                            |

| -Part-VII- Section A. Officers, Directors, Tru                  | ıstees, Ke        | y Em                           | plo                 | ye           | es,          | and I                        | ligi     | hest Compensat                  | ed Employe                | es (cc | ontinued)                |
|-----------------------------------------------------------------|-------------------|--------------------------------|---------------------|--------------|--------------|------------------------------|----------|---------------------------------|---------------------------|--------|--------------------------|
| (A)                                                             | (B)               |                                |                     | ((           | C)           |                              |          | (D)                             | (E)                       |        | (F)                      |
| Name and title                                                  | Average           |                                |                     |              |              | that app                     |          | Reportable                      | Reportabl                 |        | Estimated                |
|                                                                 | hours per<br>week | Individual trustee or director | Institutional trust | Officer      | Key employee | High:                        | Former   | compensation<br>from            | compensati<br>from relate |        | amount of other          |
|                                                                 |                   | ecto                           | ution               | er           | mple         | est c                        | Ē,       | the                             | organizatio               |        | compensation             |
|                                                                 |                   | r tos                          | al to               |              | oyee         | dmo                          |          | organization<br>(W-2/1099-MISC) | (W-2/1099-M<br>           | 1130)  | from the<br>organization |
|                                                                 |                   | tee                            | ıstee               |              |              | Highest compensated employee |          |                                 |                           | 1      | and related              |
|                                                                 |                   |                                |                     |              |              | ed                           |          |                                 |                           |        | organizations            |
|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
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|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
|                                                                 |                   |                                | T                   |              |              | -                            |          | · <del></del> -                 |                           |        |                          |
|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
| 1b Total                                                        |                   |                                |                     |              |              |                              | ▶        | 158,333.                        |                           | 10 NE  | 21,903.                  |
| 2 Total number of individuals (including those organization ► 1 | e in 1a) w        | ho re                          | ecer                | ved          | m            | ore th                       | an       | \$100,000 in rep                | oortable com              | pensa  | tion from the            |
| T                                                               |                   |                                |                     |              |              |                              |          |                                 |                           |        | Yes No                   |
| 3 Did the organization list any former office                   | er. directo       | or or                          | tru                 | stee         | e 1          | ev e                         | mp       | lovee or highest                | compensate                | ed     | Tes No                   |
| employee on line 1a? If "Yes," complete Schedu                  | ile J for suc     | h ındı                         | vidu                | ıal .        | • •          |                              |          | · · · · · · · · · · · · · · · · |                           |        | 3 X                      |
| 4 For any individual listed on line 1a, is the                  | sum of            | report                         | able                | е с          | omj          | oensa                        | tion     | and other comp                  | pensation fro             | m      |                          |
| the organization and related organizations                      | greater th        | an \$                          | 150                 | ,00          | 0٥           | If "Ye                       | es, "    | complete Schedi                 | ule J for su              | ch     |                          |
| <ul><li>individual</li></ul>                                    |                   |                                |                     |              |              |                              |          |                                 |                           | <br>:  | 4 X                      |
| services rendered to the organization? If "Yes,"                | complete S        | ie cc<br>Schedi                | ıle J               | ens<br>I for | sauo<br>Suo  | n no<br>ch per               | m<br>son | any unrelated o                 | rganization i             | or     | 5 X                      |
| Section B. Independent Contractors                              |                   | _                              |                     |              |              |                              |          |                                 |                           |        |                          |
| 1 Complete this table for your five highest                     | compensat         | ed in                          | dep                 | end          | lent         | cont                         | ract     | tors that received              | more than                 | \$100  | ),000 of                 |
| compensation from the organization                              |                   |                                |                     |              |              |                              | т-       | -                               |                           |        | <del></del>              |
| (A)<br>Name and business addi                                   | ess               |                                |                     |              |              |                              |          | (B) Description of ser          | vices                     | Co     | (C)<br>empensation       |
| SEE STATEMENT 1                                                 |                   |                                |                     |              |              |                              | +        |                                 |                           |        |                          |
|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
|                                                                 |                   |                                |                     |              |              |                              |          |                                 |                           |        |                          |
|                                                                 |                   |                                |                     |              |              |                              | _        |                                 |                           |        |                          |
| 2 Total number of independent contractors (i                    | actudina th       | 1000                           | n 1                 | ١ ،.         | uh o         | F0.00                        | 1        | I more than \$400               | 0.000 -=                  |        | 1                        |
| compensation from the organization                              | 2                 | .036                           |                     | , n          | ,,,,         | 1606                         |          | more man \$100                  | 0,000 111                 |        |                          |

| Pa                                                     | rt VII       | Statement of Revenue                                                                                                                                                        |                 |                      | 58-1367422                             |                                         |                                                               |
|--------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
|                                                        | *            |                                                                                                                                                                             | , , ,           | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| gifts, grants<br>lar amounts                           | 1a<br>b<br>c | Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d                                                                                 |                 |                      |                                        |                                         | 4                                                             |
| Contributions, gifts, grants and other similar amounts | e<br>f<br>g  | Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f \$ |                 |                      |                                        | , ,                                     |                                                               |
|                                                        | h h          | Total. Add lines 1a-1f                                                                                                                                                      |                 | 855, 152             |                                        |                                         |                                                               |
| Service Revenue                                        |              | RACE ENTRY FEES                                                                                                                                                             | Business Code   | 2,509,732.           | 2,509,732                              |                                         |                                                               |
| æ                                                      | 2 a          |                                                                                                                                                                             |                 |                      |                                        |                                         |                                                               |
| 93                                                     | b            | CLINICS                                                                                                                                                                     | 641000          | 14, 458.             | 14, 458                                |                                         | <u> </u>                                                      |
| Σ                                                      | C            | ADVERTISING                                                                                                                                                                 | 541800          | 7,000.               |                                        | 7,000                                   | <u> </u>                                                      |
|                                                        | d            | MEMBERSHI P                                                                                                                                                                 |                 | 184,096              | 184,096                                |                                         |                                                               |
| Ë                                                      | е            | TRADE SHOW/CONVENTION                                                                                                                                                       |                 | 108,756              |                                        |                                         | 108,756                                                       |
| Program                                                | f            | All other program service revenue                                                                                                                                           |                 |                      |                                        |                                         |                                                               |
| <u> </u>                                               | 9            | Total. Add lines 2a-2f                                                                                                                                                      | <b>&gt;</b>     | 2,824,042            |                                        | <u> </u>                                |                                                               |
|                                                        | 3            | Investment income (including dividends, inter                                                                                                                               |                 | 20.025               |                                        |                                         | 20.027                                                        |
|                                                        |              | other similar amounts)                                                                                                                                                      |                 | 30, 037.             |                                        |                                         | 30,037                                                        |
|                                                        | 4            | Income from investment of tax-exempt bond p                                                                                                                                 | proceeds        | NONE                 |                                        |                                         |                                                               |
|                                                        | 5            | Royalties · · · · · · · · · · · · · · · · · · ·                                                                                                                             |                 | NONE                 |                                        |                                         |                                                               |
|                                                        |              | (ı) Real                                                                                                                                                                    | (II) Personal   | , ,                  |                                        |                                         |                                                               |
|                                                        | 6a           | Gross Rents                                                                                                                                                                 | 7,979.          |                      |                                        |                                         |                                                               |
|                                                        | Ь            | Less rental expenses NONI                                                                                                                                                   | 7,979           |                      |                                        |                                         |                                                               |
|                                                        | c            | Rental income or (loss) NONI                                                                                                                                                |                 |                      |                                        |                                         |                                                               |
|                                                        | ď            | Net rental income or (loss)                                                                                                                                                 | •               | NONE                 |                                        | NONE                                    |                                                               |
|                                                        |              | (i) Securities                                                                                                                                                              | (II) Other      | No.                  |                                        |                                         |                                                               |
|                                                        | 7 a          | Gross amount from sales of assets other than inventory 377, 322.                                                                                                            |                 |                      |                                        |                                         |                                                               |
|                                                        | ١.           | association in an invariant,                                                                                                                                                |                 |                      |                                        |                                         |                                                               |
|                                                        | b            | Less cost or other basis                                                                                                                                                    | •               |                      |                                        |                                         |                                                               |
|                                                        |              | and sales expenses 657, 617                                                                                                                                                 |                 | İ                    |                                        |                                         |                                                               |
|                                                        | C            | Gain or (loss)280, 295                                                                                                                                                      |                 |                      |                                        |                                         |                                                               |
|                                                        | d            | Net gain or (loss)                                                                                                                                                          | · · · · · · · • | -280, 295            |                                        | <del></del>                             | -280, 295                                                     |
| Other Revenue                                          | 8a<br>b      | Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18 a  Less direct expenses b                                |                 |                      |                                        |                                         |                                                               |
| Ę                                                      | C            | Net income or (loss) from fundraising events                                                                                                                                |                 | NONE                 |                                        |                                         |                                                               |
| J                                                      | Į.           | • •                                                                                                                                                                         |                 | NONE                 |                                        |                                         |                                                               |
|                                                        | 9 a          | Gross income from gaming activities See Part IV, line 19                                                                                                                    |                 |                      |                                        |                                         |                                                               |
|                                                        | Ь            | Less direct expenses b                                                                                                                                                      |                 |                      |                                        |                                         | [                                                             |
|                                                        | c            | Net income or (loss) from gaming activities                                                                                                                                 |                 | NONE                 |                                        | -                                       |                                                               |
|                                                        | 10a          | Gross sales of inventory, less                                                                                                                                              |                 |                      |                                        |                                         |                                                               |
|                                                        |              | returns and allowances a                                                                                                                                                    | 8,733           |                      |                                        |                                         |                                                               |
|                                                        | Ь            | Less cost of goods sold b                                                                                                                                                   | 6,612           |                      |                                        |                                         |                                                               |
|                                                        | C            | Net income or (loss) from sales of inventory.                                                                                                                               |                 | 2,121                |                                        |                                         | 2, 121.                                                       |
|                                                        |              | Miscellaneous Revenue                                                                                                                                                       | Business Code   |                      |                                        |                                         |                                                               |
|                                                        | 11a          |                                                                                                                                                                             |                 |                      |                                        |                                         |                                                               |
|                                                        | Ь            |                                                                                                                                                                             |                 |                      |                                        |                                         |                                                               |
|                                                        | C            |                                                                                                                                                                             |                 |                      |                                        |                                         |                                                               |
|                                                        | d            | All other revenue                                                                                                                                                           |                 |                      |                                        |                                         |                                                               |
|                                                        | _            | Total. Add lines 11a-11d                                                                                                                                                    |                 | NONE                 |                                        | <del></del>                             |                                                               |
|                                                        | e e          |                                                                                                                                                                             | •               | NONE                 |                                        | · · · · · · · · · · · · · · · · · · ·   |                                                               |
|                                                        | 12           | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 9c, 10c, and 11e                                                                                                              |                 | 3 421 05-            | 2 700 206                              | 7 000                                   | .120 201                                                      |
|                                                        | 1            |                                                                                                                                                                             | <u> </u>        | 3,431,05             | 2,709,286                              | 7,000_                                  | -139,391.                                                     |

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|     | All other organizations must complete                                             | te column (A) but are |                                    |                                           | and (D).                       |
|-----|-----------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|--------------------------------|
|     | o not include amounts reported on lines 6b,<br>o, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1   | Grants and other assistance to governments and                                    |                       |                                    |                                           |                                |
|     | organizations in the U.S. See Part IV, line 21                                    | 116,904.              | 116,904.                           |                                           |                                |
| 2   | Grants and other assistance to individuals in                                     |                       |                                    |                                           |                                |
|     | the U.S. See Part IV, line 22                                                     | 121,050.              | 121,050.                           |                                           |                                |
| 3   | Grants and other assistance to governments,                                       |                       |                                    |                                           |                                |
|     | organizations, and individuals outside the                                        |                       |                                    |                                           |                                |
|     | U.S. See Part IV, lines 15 and 16                                                 | 22,100.               | 22,100.                            |                                           |                                |
| 4   | Benefits paid to or for members                                                   | NONE                  |                                    |                                           |                                |
| 5   | Compensation of current officers, directors,                                      |                       |                                    |                                           |                                |
|     | trustees, and key employees                                                       | 200, 242.             | 110,133.                           | 70,085.                                   | 20,024.                        |
| 6   | Compensation not included above, to disqualified                                  |                       |                                    |                                           |                                |
|     | persons (as defined under section 4958(f)(1)) and                                 |                       |                                    |                                           |                                |
|     | persons described in section 4958(c)(3)(B)                                        | NONE                  |                                    |                                           |                                |
| 7   | Other salaries and wages                                                          | 525,087.              | 393,815.                           | 131,272.                                  |                                |
| 8   | Pension plan contributions (include section 401                                   |                       |                                    |                                           |                                |
| _   | (k) and section 403(b) employer contributions).                                   | 39, 255.              | 29,441.                            | 9,814.                                    |                                |
| 9   | Other employee benefits                                                           | 23, 895.              | 17, 921.                           | 5,974.                                    |                                |
| 10  | Payroll taxes                                                                     | 40, 248.              | 30, 186.                           | 10,062.                                   |                                |
| 11  | Fees for services (non-employees)                                                 | 10/270.               | 30,100.                            | 10,002.                                   |                                |
|     | Management                                                                        | 2, 331.               |                                    | 2, 331.                                   |                                |
|     | Legal                                                                             | NONE                  |                                    | 2, 331.                                   |                                |
|     | Accounting                                                                        | 27,887.               |                                    | 27,887.                                   |                                |
|     | Lobbying                                                                          | NONE                  |                                    | 21,001.                                   |                                |
|     | · · ·                                                                             | NONE                  |                                    |                                           |                                |
|     | Professional fundraising services See Part IV, line 17 Investment management fees |                       |                                    | -                                         |                                |
|     | · · · · · · · · · · · · · · · · · · ·                                             | NONE                  | 220 100                            |                                           |                                |
|     | Other                                                                             | 220,109.              | 220, 109.                          |                                           |                                |
| 12  | Advertising and promotion                                                         | 84,198.               | 84,198.                            |                                           | <del>.</del>                   |
| 13  | Office expenses                                                                   | 126,755.              | 95,066.                            | 31,689.                                   |                                |
| 14  | Information technology                                                            | 165,420.              | 147, 224.                          | 18,196.                                   | · · ·                          |
| 15  | Royalties                                                                         | NONE                  |                                    |                                           |                                |
| 16  | Occupancy                                                                         | 55,035.               |                                    | 55,035.                                   |                                |
| 17  | Travel                                                                            | 71,211.               | 56,368.                            | 14,843.                                   |                                |
| 18  | Payments of travel or entertainment expenses                                      |                       |                                    |                                           |                                |
|     | for any federal, state, or local public officials                                 | NONE                  |                                    |                                           |                                |
| 19  | Conferences, conventions, and meetings                                            | 4,616.                |                                    | 4,616.                                    |                                |
| 20  | Interest                                                                          | NONE                  |                                    |                                           |                                |
| 21  | Payments to affiliates                                                            | NONE                  |                                    |                                           |                                |
| 22  | Depreciation, depletion, and amortization                                         | 35,616.               |                                    | 35,616.                                   |                                |
| 23  | Insurance                                                                         | 19,610.               | 9,805.                             | 9,805.                                    |                                |
| 24  | Other expenses Itemize expenses not                                               |                       |                                    |                                           |                                |
|     | covered above (Expenses grouped together                                          | j                     |                                    |                                           |                                |
|     | and labeled miscellaneous may not exceed                                          |                       |                                    |                                           |                                |
|     | 5% of total expenses shown on line 25 below )                                     |                       |                                    |                                           |                                |
| a   | T-SHIBTS, GLETS & PRIZES                                                          | 486,180.              | 459,936.                           | 26, 244.                                  |                                |
|     | EQUIPMENT & RENT                                                                  | 452,808.              | 452,808.                           |                                           |                                |
|     | : MAGAZINE_PRODUCTION                                                             | 145,735.              | 145,735.                           |                                           |                                |
|     | OTHER BACE EXPENSES                                                               | 250,040.              | 250,040.                           |                                           | <del> </del>                   |
|     | SIGNAGE                                                                           | 33, 145.              | 33, 145.                           |                                           | -                              |
|     | f All other expenses                                                              | 90,708.               | 84,172.                            | 6,536.                                    |                                |
|     | Total functional expenses Add lines 1 through 24f                                 | 3, 360, 185.          | 2,880,156.                         | 460,005.                                  | 20,024.                        |
|     | Joint Costs. Check here ▶ If following                                            | 3, 550, 100.          | 2, 333, 133.                       |                                           |                                |
|     | SOP 98-2 Complete this line only if the organization                              |                       |                                    |                                           |                                |
|     | reported in column (B) joint costs from a                                         |                       | 1                                  |                                           |                                |
|     | combined educational campaign and fundraising solicitation                        |                       |                                    |                                           |                                |
| JSA |                                                                                   |                       |                                    |                                           | Form <b>990</b> (2008)         |

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| Par         | بكري | Balance Sneet                                                                                             |                          |          |          |                                                  |              |
|-------------|------|-----------------------------------------------------------------------------------------------------------|--------------------------|----------|----------|--------------------------------------------------|--------------|
|             |      |                                                                                                           | (A)<br>Beginning of year |          |          | B)<br>of yea                                     | r            |
|             | 1    | Cash - non-interest-bearing                                                                               | 76,195.                  | 1        |          | 255,                                             | <u>075</u> . |
|             | 2    | Savings and temporary cash investments                                                                    | 1,452,231.               | 2        |          | 900,                                             |              |
|             | 3    | Pledges and grants receivable, net                                                                        |                          | 3        |          |                                                  |              |
| ļ           | 4    | Accounts receivable, net                                                                                  | 2,755.                   | 4        |          | 13,                                              | 495.         |
| ŀ           | 5    | Receivables from current and former officers, directors, trustees, key                                    |                          |          |          |                                                  |              |
|             |      | employees, or other related parties Complete Part II of Schedule L                                        |                          | 5        |          |                                                  |              |
| ŀ           | 6    | Receivables from other disqualified persons (as defined under section                                     |                          |          |          |                                                  |              |
|             |      | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II                               |                          |          |          |                                                  |              |
| - 1         |      | of Schedule L                                                                                             |                          | 6        |          |                                                  |              |
| ş           | 7    | Notes and loans receivable, net                                                                           |                          | 7        |          |                                                  |              |
| Assets      | 8    | Inventories for sales or use                                                                              | 6,370.                   | 8        |          | 4,                                               | 494.         |
|             | 9    | Prepaid expenses and deferred charges STMT. 5                                                             | 139,463.                 | 9        | :        | 116,                                             | 741.         |
| '           |      | Land, buildings, and equipment cost basis 10a 760, 831.                                                   |                          |          |          |                                                  |              |
|             | b    | Less accumulated depreciation Complete                                                                    |                          |          |          |                                                  |              |
|             |      | Part VI of Schedule D                                                                                     | 341,039.                 | 10c      |          | 305,                                             | 423.         |
| - 1         | 11   | Investments - publicly traded securities · · · · · · · · · · · · · STMT· 6 · ·                            | 534,517.                 | 11       |          |                                                  | NON          |
|             | 12   | Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·                   |                          | 12       |          |                                                  |              |
| - 1         | 13   | Investments - program-related See Part IV, line 11                                                        |                          | 13       |          |                                                  |              |
| 1           | 14   | Intangible assets · · · · · · · · · · · · · · · · · · ·                                                   |                          | 14       |          |                                                  |              |
|             | 15   | Other assets See Part IV, line 11                                                                         | 2,975.                   | 15       |          |                                                  | 975.         |
|             | 16   | Total assets. Add lines 1 through 15 (must equal line 34)                                                 | 2,555,545.               | 16       | 2,5      | 598,                                             | 841.         |
|             | 17   | Accounts payable and accrued expenses                                                                     | 129,231.                 | 17       |          | 66,                                              | 353.         |
|             | 18   | Grants payable                                                                                            |                          | 18       |          |                                                  |              |
| - 1         | 19   | Deferred revenue                                                                                          | 385, 228.                | 19       | ;        | 324,                                             | <u> 209.</u> |
| - 1         | 20   | Tax-exempt bond liabilities                                                                               |                          | 20       |          |                                                  |              |
| Se 2        | 21   | Escrow account liability Complete Part IV of Schedule D                                                   |                          | 21       |          |                                                  |              |
| Liabilities | 22   | Payables to current and former officers, directors, trustees, key employees,                              |                          |          |          |                                                  |              |
| ij          |      | highest compensated employees, and disqualified persons. Complete Part II                                 |                          |          |          |                                                  |              |
|             |      | of Schedule L                                                                                             |                          | 22       |          |                                                  |              |
|             | 23   | Secured mortgages and notes payable to unrelated third parties                                            |                          | 23       |          |                                                  |              |
|             | 24   | Unsecured notes and loans payable                                                                         |                          | 24       |          |                                                  |              |
| - 1         | 25   | Other liabilities Complete Part X of Schedule D                                                           |                          | 25       |          |                                                  |              |
|             | 26_  | Total liabilities. Add lines 17 through 25                                                                | 514,459.                 | 26       |          | 390 <u>,</u>                                     | 562.         |
| alances     |      | Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. |                          |          |          |                                                  |              |
| <u> </u>    | 27   | Unrestricted net assets                                                                                   | 2,041,086.               | 27       | 2,2      | 208,                                             | 279.         |
| mã l        | 28   | Temporarily restricted net assets                                                                         |                          | 28       |          |                                                  |              |
| Fund        | 29   | Permanently restricted net assets                                                                         |                          | 29       |          |                                                  |              |
| or Fu       |      | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.               |                          |          |          |                                                  |              |
|             | 30   | Capital stock or trust principal, or current funds                                                        |                          | 30       |          |                                                  |              |
| Assets      | 31   | Paid-in or capital surplus, or land, building, or equipment fund                                          |                          | 31       |          |                                                  |              |
|             | 32   | Retained earnings, endowment, accumulated income, or other funds                                          |                          | 32       |          |                                                  |              |
| Ne :        | 33   | Total net assets or fund balances                                                                         | 2,041,086.               | 33       | 2,2      | 208,                                             | 279.         |
|             | 34   | Total liabilities and net assets/fund balances                                                            | 2,555,545.               | 34       | 2,5      | 598,                                             | 841.         |
| Par         | t XI | Financial Statements and Reporting                                                                        |                          |          |          | Yes                                              | No           |
| 1 .         | Acco | unting method used to prepare the Form 990 Cash X Accrual Othe                                            | er                       |          |          | . 53                                             | .,,          |
|             |      | the organization's financial statements compiled or reviewed by an independent account                    |                          |          | . 2a     |                                                  | Х            |
|             |      | e the organization's financial statements audited by an independent accountant?                           |                          |          | <u> </u> |                                                  | X            |
|             |      | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility                 |                          |          | - 20     |                                                  |              |
|             |      | , review, or compilation of its financial statements and selection of an independent account              | -                        |          | . 2c     |                                                  | ĺ            |
|             |      | result of a federal award, was the organization required to undergo an audit or audits as s               |                          |          | 20       | <del>                                     </del> |              |
|             |      | single Audit Act and OMB Circular A-133?                                                                  |                          |          | . 3a     | ł                                                | Х            |
|             |      | es," did the organization undergo the required audit or audits?                                           |                          |          |          |                                                  |              |
|             |      |                                                                                                           |                          | <u> </u> |          | 990                                              | (2008        |

# SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

| Name of | the organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n                                                                                    |                                                                                                                            |                                                                             |                                                     |                 |                                 | Employe         | r identifica                    | ation number                          |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|-----------------|---------------------------------|-----------------|---------------------------------|---------------------------------------|
| ATLAN   | TA TRACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CLUB, INC.                                                                           |                                                                                                                            |                                                                             |                                                     |                 |                                 |                 | 58-13                           | 67422                                 |
| Part I  | Reason fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or Public Chari                                                                      | ty Status (All organ                                                                                                       | izations m                                                                  | ust compl                                           | ete this p      | part ) (se                      | e instru        | ctions)                         |                                       |
| Part I  | he organization is not a private foundation because it is. (Please check only one organization.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II b Type III c Type III - Functionally Integrated d Type III - Other  by checking this box, I certify that the organization is not controlled directly or |                                                                                      |                                                                                                                            |                                                                             |                                                     |                 |                                 |                 |                                 |                                       |
|         | following pe (i) A pers and (iii) A famil (iii) A 35% Provide the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rsons?<br>on who directly<br>below, the gove<br>y member of a p<br>controlled entity | or indirectly controls rring body of the supperson described in (i) a of a person described ation about the organication). | e, either ald<br>ported organ<br>above?<br>If in (i) or (ii)<br>zations the | one or togo<br>anization?<br>above?<br>organization | ether wit       | h person                        | s describ       | s the                           | . 11g(i) X<br>11g(ii) X<br>11g(iii) X |
| org     | anızatıon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | (described on lines 1-9 above or IRC section (see instructions))                                                           | governing                                                                   | sted in your<br>document?                           | col (ı)<br>supp | nization in<br>of your<br>port? | (i) organi<br>U | tion in col<br>zed in the<br>S? | support                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            | Yes                                                                         | No                                                  | Yes             | No                              | Yes             | No                              |                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            |                                                                             |                                                     |                 |                                 |                 |                                 |                                       |
|         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                            |                                                                             |                                                     | <del></del>     | <br>                            |                 |                                 |                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            |                                                                             |                                                     |                 |                                 |                 |                                 |                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            |                                                                             |                                                     |                 |                                 |                 |                                 |                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            |                                                                             |                                                     |                 |                                 |                 |                                 |                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            |                                                                             |                                                     | -               |                                 | <del> </del>    |                                 |                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            |                                                                             |                                                     |                 |                                 | _               |                                 |                                       |
| Total   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                            |                                                                             |                                                     |                 |                                 |                 |                                 |                                       |

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

Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) -Part-II-(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not 525,574 547, 482 636.362 include any "unusual grants") . . . 3, 203, 735 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . . 525, 574 547,482 636, 362 639, 165 855, 152 3, 203, 735 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . 1,646,318 Public support. Subtract line 5 from line 4 1,557,417. Section B. Total Support (a) 2004 (b) 2005 (e) 2008 (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) (f) Total 525, 574 547,482 636, 362 639, 165 855, 152 3, 203, 735 Amounts from line 4. . . . . . . . . . Gross income from interest dividends payments received on securities loans, rents, royalties and income from similar 27,719 56,488 63,455 65,396 30,037 243,095 Net income from unrelated business activities, whether or not the business is 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . . . . . . 11 3,446,830 Total support. Add lines 7 through 10 . . 12 12 11,827,837 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) . . . . . . . . . 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ...... b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

| Part-III- | Support Schedule for Organizations Described in Section 509(a)(2) |  |
|-----------|-------------------------------------------------------------------|--|
|           | (Complete only if you checked the box on line 9 of Part I.)       |  |

| Ca         | alendar year (or fiscal year beginning in) 🕨                                            | (a) 2004         | (b) 2005              | (c) 2006           | (d) 2007                              | (е           | 2008          | (f) To                                           | otal |
|------------|-----------------------------------------------------------------------------------------|------------------|-----------------------|--------------------|---------------------------------------|--------------|---------------|--------------------------------------------------|------|
| 1          | Gifts, grants, contributions, and                                                       |                  |                       |                    |                                       |              |               |                                                  |      |
|            | membership fees received (Do not include                                                |                  |                       |                    |                                       | i            |               |                                                  |      |
|            | any "unusual grants ")                                                                  |                  |                       |                    |                                       |              |               |                                                  |      |
| 2          | Gross receipts from admissions, merchandise                                             |                  |                       |                    |                                       |              |               |                                                  |      |
|            | sold or services performed, or facilities                                               |                  |                       |                    |                                       |              |               |                                                  |      |
|            | furnished in any activity that is related to the                                        |                  | į                     |                    |                                       |              |               |                                                  |      |
|            | organization's tax-exempt purpose                                                       |                  |                       |                    |                                       |              |               |                                                  |      |
| 3          | Gross receipts from activities that are not an                                          |                  |                       | 1                  |                                       |              |               | <del></del>                                      |      |
| •          | unrelated trade or business under section 513                                           |                  |                       |                    |                                       |              |               |                                                  |      |
| 4          | Tax revenues levied for the organization's                                              |                  |                       | <del></del> -      |                                       | -            |               | <del> </del>                                     |      |
| •          | benefit and either paid to or expended on                                               |                  |                       |                    |                                       |              |               |                                                  |      |
|            | •                                                                                       |                  |                       |                    |                                       |              |               |                                                  |      |
| _          | its behalf                                                                              |                  | <del> </del>          | · <del>-</del>     |                                       | -            |               | <del>                                     </del> |      |
| 5          | The value of services or facilities                                                     |                  |                       |                    |                                       |              |               |                                                  |      |
|            | furnished by a governmental unit to the                                                 |                  |                       |                    |                                       |              |               |                                                  |      |
|            | organization without charge                                                             |                  |                       |                    |                                       |              |               | <u> </u>                                         |      |
|            | Total. Add lines 1-5                                                                    |                  |                       |                    |                                       | <u> </u>     |               | <del> </del>                                     |      |
| 7 a        | Amounts included on lines 1, 2, and 3                                                   |                  |                       |                    |                                       |              |               |                                                  |      |
| L          | received from disqualified persons                                                      |                  |                       |                    |                                       | <u> </u>     |               | <u> </u>                                         |      |
| D          | Amounts included on lines 2 and 3 received from other than disqualified                 |                  | :                     |                    |                                       |              |               |                                                  |      |
|            | persons that exceed the greater of 1% of                                                |                  |                       |                    |                                       |              |               |                                                  |      |
|            | the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · · · · · |                  |                       |                    | <u> </u>                              |              |               |                                                  |      |
| С          | Add lines 7a and 7b                                                                     |                  |                       |                    |                                       |              |               |                                                  |      |
|            | Public support (Subtract line 7c from                                                   |                  |                       |                    |                                       |              |               |                                                  |      |
|            | line 6)                                                                                 |                  |                       |                    |                                       |              |               |                                                  |      |
| ec         | tion B. Total Support                                                                   |                  |                       | ·                  |                                       |              |               |                                                  |      |
| Ca         | ılendar year (or fiscal year beginning in) ▶                                            | (a) 2004         | (b) 2005              | (c) 2006           | (d) 2007                              | (е           | 2008          | (f) To                                           | tal  |
| 9          | Amounts from line 6                                                                     |                  |                       |                    |                                       |              |               |                                                  |      |
| 0 a        | Gross income from interest, dividends,                                                  |                  |                       |                    |                                       |              |               |                                                  |      |
|            | payments received on securities loans, rents, royalties and income from similar         |                  |                       | ĺ                  |                                       |              |               |                                                  |      |
|            | sources                                                                                 |                  |                       |                    |                                       |              |               |                                                  |      |
| b          | Unrelated business taxable income (less                                                 |                  |                       |                    |                                       |              | _             |                                                  |      |
|            | section 511 taxes) from businesses                                                      |                  |                       |                    |                                       |              |               |                                                  |      |
|            | acquired after June 30, 1975                                                            |                  | •                     |                    |                                       |              |               |                                                  |      |
| c          | Add lines 10a and 10b                                                                   |                  |                       |                    | <del></del>                           |              |               | <del> </del>                                     |      |
| 1          | Net income from unrelated business                                                      |                  |                       |                    |                                       | -            |               |                                                  |      |
| •          | activities not included in line 10b,                                                    |                  |                       |                    |                                       |              |               |                                                  |      |
|            | whether or not the business is regularly                                                |                  | ,                     |                    |                                       |              |               |                                                  |      |
| •          | Carried on                                                                              | -                | <del></del>           |                    | -                                     |              |               | <del>                                     </del> |      |
| 2          | Other income Do not include gain or                                                     |                  | ;                     |                    |                                       |              |               |                                                  |      |
|            | loss from the sale of capital assets                                                    |                  |                       |                    |                                       |              |               |                                                  |      |
| _          | (Explain in Part IV)                                                                    |                  | -                     | <del></del>        | +                                     | <del> </del> |               | ₩                                                |      |
| 3          | Total support. (Add lines 9, 10c, 11,                                                   |                  | -                     | ļ                  | <del>-</del>                          | <b> </b>     |               | 1                                                |      |
|            | and 12)                                                                                 |                  |                       | l                  | L                                     |              |               |                                                  |      |
| 4          | First five years. If the Form $990\ \mbox{is}$ for                                      |                  |                       |                    |                                       |              |               |                                                  | _    |
|            | organization, check this box and stop here.                                             |                  |                       | <u> </u>           | · · · · · · · · · · · · · · · · · · · |              | <u></u>       | <u></u>                                          | ٠    |
| ec         | tion C. Computation of Public Sup                                                       |                  |                       |                    |                                       |              |               |                                                  |      |
| 5          | Public support percentage for 2008 (line 8,                                             |                  |                       |                    |                                       | 15           |               |                                                  | %    |
| 6          | Public support percentage from 2007 Sche                                                |                  |                       | <u> </u>           | <u> </u>                              | 16           | <del></del> . |                                                  | %    |
| ec         | tion D. Computation of Investmer                                                        |                  |                       |                    |                                       |              |               |                                                  |      |
| 7          | Investment income percentage for 2008 (lin                                              | ne 10c, column   | (f) divided by line ' | 13, column (f))    |                                       | 17           |               |                                                  | %    |
| 8          | Investment income percentage from 2007 \$                                               | Schedule A, Part | IV-A, line 27h        |                    |                                       | 18           |               |                                                  | %    |
| 9 a        | 33 1/3% support tests - 2008. If the org                                                | anization did no | ot check the box      | on line 14, and    | line 15 is more th                    | nan 33       | 1/3 %, an     | d line                                           |      |
|            | 17 is not more than 33 1/3 %, check this box                                            | and stop here    | The organization      | qualifies as a pub | licly supported org                   | janizat      | ion           | ▶                                                | . [  |
| b          | 33 1/3% support tests - 2007. If the organ                                              |                  |                       |                    |                                       |              |               |                                                  |      |
|            | line 18 is not more than 33 1/3 %, check this                                           |                  |                       |                    |                                       |              |               | •                                                | . [_ |
|            |                                                                                         |                  |                       |                    |                                       |              |               |                                                  | _    |
| 0          | Private foundation. If the organization did r                                           | not check a box  | on ime 14, 19a. o     | i 190, Check ans   | DOX BUG SEE HISHU                     | CHOHS        |               |                                                  |      |
| . <b>0</b> | Private foundation. If the organization did r                                           | not check a box  | on line 14, 19a, 0    | 1 190, Check this  |                                       |              |               | 990 or 990-E                                     | _    |

| Schedule A ( | Form 990 or 990-EZ) 2 | 2008                  |                                                  | 58-1367422                                                                | Page 4   |
|--------------|-----------------------|-----------------------|--------------------------------------------------|---------------------------------------------------------------------------|----------|
| -Part IV-    | Supplemental          | Information. Complete | this part to provide the 2 Provide any other add | e explanation required by Part II, ditional information (see instructions | line 10, |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       | ·                     |                                                  |                                                                           |          |
| - <b>-</b>   |                       |                       |                                                  | ·                                                                         |          |
|              |                       | ·                     |                                                  | ·                                                                         |          |
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|              |                       |                       |                                                  | ·                                                                         |          |
|              |                       | ·                     |                                                  | ·                                                                         |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       | ·                     |                                                  |                                                                           |          |
| - <b>-</b>   |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
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|              |                       | ·                     |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |
|              |                       |                       |                                                  |                                                                           |          |

### SCHEDULĖ D (Form 990)

## **Supplemental Financial Statements**

20**08** 

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

| Nam    | e of the organization                                                                                                                                             |                                                                                                                                            | Employer identification number                                             |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| ATI    | ANTA TRACK CLUB, INC.                                                                                                                                             |                                                                                                                                            | 58-1367422                                                                 |
| Pa     | Organizations Maintaining Donor Adv<br>the organization answered "Yes" to For                                                                                     | rised Funds or Other Similar Funds or<br>m 990, Part IV, line 6.                                                                           | or Accounts. Complete if                                                   |
|        |                                                                                                                                                                   | (a) Donor advised funds                                                                                                                    | (b) Funds and other accounts                                               |
| 1      | Total number at end of year                                                                                                                                       |                                                                                                                                            |                                                                            |
| 2      | Aggregate contributions to (during year)                                                                                                                          |                                                                                                                                            |                                                                            |
| 3      | Aggregate grants from (during year)                                                                                                                               |                                                                                                                                            |                                                                            |
| 4      | Aggregate value at end of year                                                                                                                                    |                                                                                                                                            |                                                                            |
| 5      | Did the organization inform all donors and donor a                                                                                                                | dvisors in writing that the assets held in d                                                                                               | onor advised                                                               |
|        | funds are the organization's property, subject to the                                                                                                             | ne organization's exclusive legal control? .                                                                                               | Yes No                                                                     |
| 6      | Did the organization inform all grantees, donors, a                                                                                                               |                                                                                                                                            |                                                                            |
|        | used only for charitable purposes and not for the b                                                                                                               |                                                                                                                                            |                                                                            |
|        | impermissible private benefit?                                                                                                                                    | <u></u>                                                                                                                                    | Yes No                                                                     |
| Pai    | t II Conservation Easements. Complete it                                                                                                                          |                                                                                                                                            | Form 990, Part IV, line 7.                                                 |
| 1      | Purpose(s) of conservation easements held by the                                                                                                                  |                                                                                                                                            |                                                                            |
|        | Preservation of land for public use (e.g., recre                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                      | of an historically importantly land area                                   |
|        | Protection of natural habitat                                                                                                                                     | Preservation                                                                                                                               | of certified historic structure                                            |
|        | Preservation of open space                                                                                                                                        |                                                                                                                                            |                                                                            |
| 2      | Complete lines 2a-2d if the organization held a qui                                                                                                               | alified conservation contribution in the for                                                                                               | m of a conservation easement                                               |
|        | on the last day of the tax year                                                                                                                                   |                                                                                                                                            | Held at the End of the Year                                                |
|        | Total and beautiful and an armount                                                                                                                                |                                                                                                                                            | *                                                                          |
| a      | Total number of conservation easements                                                                                                                            |                                                                                                                                            |                                                                            |
| b      | Total acreage restricted by conservation easements                                                                                                                |                                                                                                                                            | I I                                                                        |
| C      | Number of conservation easements on a certified                                                                                                                   |                                                                                                                                            |                                                                            |
| d<br>3 | Number of conservation easements included in (c<br>Number of conservation easements modified, tran                                                                |                                                                                                                                            |                                                                            |
| 3      | the taxable year >                                                                                                                                                | sterred, released, extiliguished, or termin                                                                                                | lated by the organization during                                           |
| 4      | Number of states where property subject to conse                                                                                                                  | ryation easement is located                                                                                                                |                                                                            |
| 5      | Does the organization have a written policy regard                                                                                                                |                                                                                                                                            |                                                                            |
| _      | enforcement of the conservation easements it holds                                                                                                                |                                                                                                                                            |                                                                            |
| 6      | Staff or volunteer hours devoted to monitoring, ins                                                                                                               |                                                                                                                                            |                                                                            |
| 7      | Amount of expenses incurred in monitoring, inspec                                                                                                                 | ·                                                                                                                                          |                                                                            |
| 8      | Does each conservation easement reported on lin                                                                                                                   |                                                                                                                                            |                                                                            |
|        | 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?                                                                                                                             | · ·                                                                                                                                        |                                                                            |
| 9      | In Part XIV, describe how the organization reports                                                                                                                |                                                                                                                                            |                                                                            |
|        | balance sheet, and include, if applicable, the text of                                                                                                            |                                                                                                                                            |                                                                            |
|        | the organization's accounting for conservation easi                                                                                                               | ements                                                                                                                                     |                                                                            |
| Pa     | Organizations Maintaining Collections Complete if the organization answered                                                                                       |                                                                                                                                            | er Similar Assets.                                                         |
| 1a     | If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f | AS 116, not to report in its revenue stater<br>Id for public exhibition, education, or rese<br>inancial statements that describes these it | ment and balance sheet works of arch in furtherance of public service, ems |
| b      | If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these items   | r public exhibition, education, or research                                                                                                |                                                                            |
|        | (i) Revenues included in Form 990, Part VIII, line 1                                                                                                              |                                                                                                                                            |                                                                            |
|        | (ii) Assets included in Form 990, Part X                                                                                                                          |                                                                                                                                            | ,                                                                          |
| 2      | If the organization received or held works of art, hi                                                                                                             | •                                                                                                                                          | for financial gain, provide the                                            |
|        | following amounts required to be reported under S                                                                                                                 |                                                                                                                                            |                                                                            |
| а      | Revenues included in Form 990, Part VIII, line ${\bf 1}$ .                                                                                                        |                                                                                                                                            | <b>&gt;</b> \$                                                             |
| b      | Assets included in Form 990, Part X                                                                                                                               |                                                                                                                                            | ▶ \$                                                                       |
| For    | Privacy Act and Paperwork Reduction Act Notice, see the Instruc                                                                                                   | ctions for Form 990                                                                                                                        | Schedule D (Form 990) 2008                                                 |

| ₋Paí | Organizations Maintaining Colle                                       | ections o  | of Art, Histo              | rical   | Treasures                        | s, or Ot   | her Similar <i>F</i> | issets (c   | continue     | <u>d)</u> |
|------|-----------------------------------------------------------------------|------------|----------------------------|---------|----------------------------------|------------|----------------------|-------------|--------------|-----------|
| •    | Hama the account of the                                               |            |                            | - 6 44  | f = 11                           |            |                      |             | 11 4         |           |
| 3    | Using the organization's accession and othe                           | r recoras  | , спеск апу                | or the  | tollowing t                      | nat are    | a significant us     | se of its c | ollection    |           |
|      | items (check all that apply)                                          |            | . –                        | _       |                                  |            |                      |             |              |           |
| а    | Public exhibition                                                     |            | d L                        | \prec   | Loan or ex                       | change     | programs             |             |              |           |
| b    | Scholarly research                                                    |            | e                          | _       | Other                            |            |                      |             |              |           |
| С    | Preservation for future generations                                   |            |                            |         |                                  |            |                      |             |              |           |
| 4    | Provide a description of the organization's constraints and Part XIV  | ollections | and explain                | how t   | hey further                      | the org    | anızatıon's exe      | empt purj   | pose in      |           |
| 5    | During the year, did the organization solicit                         | or receive | donations                  | of art. | historical ti                    | reasures   | or other simil       | ar          |              |           |
| •    | assets to be sold to raise funds rather than t                        |            |                            |         |                                  |            |                      | _           | Yes          | No        |
| Par  | Trust, Escrow and Custodial Arr<br>Part IV, line 9, or reported an am | rangeme    | nts. Comp                  | lete i  | organizat                        |            |                      |             |              | 110       |
|      | Turt 14, file 3, or reported air air                                  | TOUTH OF   | 1 01111 000,               | Tart    | X, III 2 1                       |            |                      | <del></del> |              |           |
| 1.   | Is the organization an agent, trustee, custod                         | ion or oth | or intermed                |         | r aantributu                     |            | thar assets no       |             |              |           |
| ıa   |                                                                       |            |                            |         |                                  |            |                      |             | $\neg$       | <b></b>   |
|      | included on Form 990, Part X?                                         |            |                            |         |                                  |            | • • • • • • •        | L           | Yes          | ∐ No      |
| D    | If "Yes," explain the arrangement in Part XIV                         | and com    | plete the fo               | lowing  | table                            |            |                      |             |              |           |
|      |                                                                       |            |                            |         |                                  |            | A                    | mount       |              |           |
|      | Beginning balance                                                     |            |                            |         |                                  | 1c         |                      |             |              |           |
|      | Additions during the year                                             |            |                            |         |                                  | 1d         |                      |             | _            |           |
|      | Distributions during the year                                         |            |                            |         |                                  | 1e         |                      |             |              |           |
|      | Ending balance                                                        |            |                            |         |                                  |            |                      |             |              |           |
| 2a   | Did the organization include an amount on f                           | Form 990   | , Part X, line             | 21?     |                                  |            |                      | [           | Yes          | No        |
| _ b  | If "Yes," explain the arrangement in Part XIV                         |            |                            |         |                                  |            |                      |             |              |           |
| Par  | Endowment Funds. Complete if                                          | organiza   | ation answe                | ered "  | Yes" to Fo                       | rm 990     | , Part IV, line      | 10.         |              |           |
|      | (a) Cum                                                               | ent Year   | (b) Prior y                | ear     | (c) Two ye                       | ars back   | (d) Three yea        | ars back    | (e) Four y   | ears back |
| 1 a  | Beginning of year balance                                             |            |                            |         |                                  |            |                      |             |              |           |
| b    | Contributions                                                         |            |                            |         |                                  |            |                      |             |              |           |
| С    | Investment earnings or losses                                         |            |                            |         |                                  |            |                      |             |              |           |
| d    | Grants or scholarships                                                |            |                            |         |                                  |            |                      |             |              |           |
| е    | Other expenditures for facilities .                                   |            |                            |         |                                  |            | <del>-  </del>       |             | ·            |           |
|      | and programs                                                          |            |                            |         |                                  |            |                      |             | 1            |           |
| f    | Administrative expenses                                               |            |                            |         |                                  |            |                      |             |              | -         |
| g    | End of year balance                                                   |            |                            |         |                                  |            | <del></del>          |             |              |           |
| 2    | Provide the estimated percentage of the year                          | ar end hal | lance held as              |         |                                  |            | J                    |             |              |           |
| a    | Board designated or quasi-endowment                                   | ai ena bai | %                          | •       |                                  |            |                      |             |              |           |
| b    | Permanent endowment ► %                                               | · · ·      |                            |         |                                  |            |                      |             |              |           |
|      | Term endowment ▶ %                                                    |            |                            |         |                                  |            |                      |             |              |           |
|      | Are there endowment funds not in the possi                            |            | the ereen                  |         | hat ara hali                     |            | lmannintared for     | 46.4        |              |           |
| Ja   |                                                                       | ession or  | the organiza               | ation t | nat are nei                      | and ad     | iministered for      | ine         | <u>.</u>     |           |
|      | organization by                                                       |            |                            |         |                                  |            |                      |             |              | es No     |
|      | (i) unrelated organizations                                           |            |                            |         |                                  |            |                      |             | 3a(i)        |           |
| _    | (ii) related organizations                                            |            |                            |         |                                  |            |                      |             | 3a(ii)       |           |
|      | If "Yes" to 3a(II), are the related organization                      |            | •                          |         |                                  |            | • • • • • • •        |             | 3b           |           |
| 4    | Describe in Part XIV the intended uses of the                         |            |                            |         |                                  |            |                      |             |              |           |
| Par  | t VI Investments - Land, Buildings, a                                 | nd Equi    | pment. See                 | Forr    | n 990, Pa                        | rt X, line | e 10                 |             |              |           |
|      | Description of investment                                             |            | or other basis<br>estment) |         | ) Cost or other<br>basis (other) | (c         | ) Depreciation       | (c          | d) Book valu | е         |
| 1a   | Land                                                                  |            |                            |         | 40,48                            | 0.         |                      |             | 40           | , 480.    |
| b    | Buildings                                                             |            |                            |         | 449,32                           |            | 198,936.             |             |              | , 391.    |
| С    | Leasehold improvements                                                |            |                            |         |                                  |            |                      |             |              | <u></u>   |
| d    | Equipment                                                             |            |                            | 1       | 258,10                           | 1.         | 244,175.             |             | 1 3          | 3,926.    |
| е    | Other                                                                 |            |                            |         | 12,92                            |            | 12, 297.             |             |              | 626.      |
| Tota | I. Add lines 1a-1e (Column (d) should equal                           | Form 990,  | Part X, col                | umn (E  |                                  |            |                      | !           | 305          | , 423.    |

Schedule D (Form 990) 2008

| (a) Description of security or category (b) Book value (c) Method of valuation (Cost or end-of-year market value (Cost or end-of-year market value (Cost or end-of-year market value (Cost or end-of-year market value (Cost or end-of-year market value (Cost or end-of-year market value (Cost or end-of-year market value (Cost or end-of-year market value (Cost or end-of-year market value (a) Description of investment type (b) Book value (c) Method of valuation (Cost or end-of-year market value (a) Description of investment type (b) Book value (c) Method of valuation (Cost or end-of-year market value (c) Method of valuation (Cost or end-of-year market value (c) Method of valuation (Cost or end-of-year market value (c) Method of valuation (Cost or end-of-year market value (c) Method of valuation (Cost or end-of-year market value (c) Method of valuation (Cost or end-of-year market value (c) Book value (c) Method of valuation (c) Method of valuation (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book value (c) Book val | (Including name of security)  Cost or end-of-year market value  Financial derivatives and other financial products.  Closely-held equity interests.  Other  Total. (Column (b) should equal Form 990. Part X, col (8) line 12)  Part VIII Investments - Program Related. See Form 990. Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990. Part X, col (8) line 13)  Fart IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  Total. (Column (b) should equal Form 990. Part X, col (8) line 15)  Total. (Column (b) should equal Form 990. Part X, col (8) line 15)  Total. (Column (b) should equal Form 990. Part X, col (8) line 15)  Total. (Column (b) should equal Form 990. Part X, col (8) line 15)  Total. (Column (b) should equal Form 990. Part X, col (8) line 15)  Total. (Column (b) should equal Form 990. Part X, col (8) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount | -Part-VII-     | Investments - Other Securities. S                                    | ee Form 990, Part X, line | e 12.          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------|---------------------------|----------------|--|
| Closely-held equily interests Other  Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, line 13)  (a) Description  (b) Book value  (c) Method of valuation Cost or end-of-year market value  (b) Book value  (c) Method of valuation (cost or end-of-year market value  (d) Description  (e) Description  (b) Book value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  (a) Description  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Closely-held equity interests Other  Total. (Column (e) should equal Form 990, Part X, col (8) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  Total. (Column (e) should equal Form 990, Part X, col (8) line 13)  Part X  Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  (b) Book value  Total. (Column (e) should equal Form 990, Part X, col (8) line 13)  (a) Description (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | (a) Description of security or category (including name of security) | (b) Book value            |                |  |
| Closely-held equity interests Other  Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  (a) Description  (b) Book value  (c) Method of valuation Cost or end-of-year market value  (d) Book value  (e) Description  (b) Book value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  (a) Description  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Closely-held equal y interests Other  Total. (Column (b) should equal Form 990. Part X, col (8) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Column (b) should equal Form 990. Part X, col (8) line 13)  Part X  Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value  Cost or end-of-year market value  Total. (Column (b) should equal Form 990. Part X, col (8) line 13)  (a) Description  (b) Book value  Total. (Column (b) should equal Form 990. Part X, col (8) line 15)  (b) Book value  (c) Method of valuation  (c) Method of valuation  (c) Method of valuation  (d) Description  (e) Description  (b) Book value                                                                                                                                                                                                                                                                                                                                   | Financial der  | ivatives and other financial products                                |                           |                |  |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                      |                           |                |  |
| Total. (Column (b) should equal Form 990. Part X, col (8) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Column (b) should equal Form 990. Part X, col (8) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (c) Method of valuation Cost or end-of-year market value  (b) Book value  (c) Method of valuation (cs) or end-of-year market value  (cs) Method of valuation (cs) or end-of-year market value  (b) Book value  Total. (Column (b) should equal Form 990. Part X, col (8) line 13)  (b) Book value  Total (Column (b) should equal Form 990, Part X, col (8) line 15)  Total (Column (b) should equal Form 990, Part X, col (8) line 15)  (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total. (Column (b) should equal form 990. Part X, col (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Column (b) should equal form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                      |                           |                |  |
| Total. (Column (b) should equal Form 990. Part X, col (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Column (b) should equal Form 990. Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total. (Column (b) should equal Form 990. Part X, col. (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type (b) Book value Cost or end-of-year market value  Total. (Column (b) should equal Form 990. Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Should equal Form 990. Part X, col. (B) line 15)  Total (Column (b) should equal Form 990. Part X, col. (B) line 15)  Total (Column (b) should equal Form 990. Part X, col. (B) line 15)  Total (Column (b) should equal Form 990. Part X, col. (B) line 15)  (a) Description (b) Should equal Form 990. Part X, line 25  (a) Description of liabilities. See Form 990, Part X, line 25  (b) Amount                                                                                                                                                                                                                                                                                                                                                         |                |                                                                      |                           |                |  |
| Total. (Column (b) should equal Form 990, Part X, cot (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, cot (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total. (Column (b) should equal Form 990, Part X, cot (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, cot (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Should equal Form 990, Part X, cot (B) line 15)  Total (Column (b) should equal Form 990, Part X, cot (B) line 15)  Total (Column (b) should equal Form 990, Part X, cot (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of hability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                      |                           |                |  |
| Part XIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, tine 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                      |                           |                |  |
| Part XIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, tine 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                      |                           |                |  |
| Part XIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, tine 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                      |                           |                |  |
| Part XIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, tine 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                      |                           |                |  |
| Part XIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, tine 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                      |                           |                |  |
| Part XIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, tine 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                      |                           |                |  |
| Part XIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, tine 15  (a) Description  (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                      |                           |                |  |
| (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  (b) Book value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                                      |                           |                |  |
| Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities, See Form 990, Part X, line 25  (a) Description of hability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part VIII      | Investments - Program Related. S                                     | See Form 990, Part X, Im  | e 13           |  |
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| Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability  (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                      |                           |                |  |
| Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability  (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                      |                           |                |  |
| Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability  (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                      |                           |                |  |
| Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability  (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                      |                           |                |  |
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| Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability  (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                      |                           |                |  |
| Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  Total (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability  (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total (Column  | (h) should equal Form 990. Part X. col. (R) line 13.)                |                           |                |  |
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| Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total (Column  | (b) should equal Form 990, Part X, col (B) line 15)                  |                           |                |  |
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| Federal income taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Federal income taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | (a) Description of liability                                         | (b) Amount                |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Federal incor  | ne taxes                                                             |                           |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                                                      |                           |                |  |
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In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 58-1367422 -Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 7 Other (Describe in Part XIV) 8 9 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments ........ 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4 c Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments ... 2b Losses reported on Form 990, Part IX, line 25 2 c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 . . . . . . Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, tine 7b 4a b Other (Describe in Part XIV) 4b c Add lines 4a and 4b . . . Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Schedule D (Fo | rm 990) 2008                         | <u>58-13</u> 67422 | Page 5 |
|----------------|--------------------------------------|--------------------|--------|
| Part XIV       | Supplemental Information (continued) |                    |        |
| •              |                                      | <del>_</del> -     |        |
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Schedule D (Form 990) 2008

### Schedule F (Form 990)

### **Statement of Activities Outside the United States**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Inspection Employer identification number

| ATLANTA TRACK CLUB, I                                                                                     | NC.                                 |                                                      |                                                                                                                                | 58                                                                                                         | -1367422        |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                           | ation on Activ                      | vities Outside<br>ne 14b.                            | e the United States. Co                                                                                                        |                                                                                                            |                 |
| 1 For grantmakers. Does it assistance, the grantees' the grants or assistance? 2 For grantmakers. Describ | eligibility for the                 | he grants or a                                       | essistance, and the select                                                                                                     | tion criteria used to a                                                                                    | ward X Yes No   |
| United States                                                                                             |                                     | -                                                    |                                                                                                                                |                                                                                                            | nus outside the |
| 3 Activities per Region (Use                                                                              | (b) Number of offices in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) i<br>a program service,<br>describe specific type of<br>service(s) in region | expenditures in |
| MIDDLE EAST AND NORTH AFRICA                                                                              |                                     |                                                      | PROGRAM SERVICES                                                                                                               | RUNNING EVENTS/TRAVEI                                                                                      | . 18,850        |
| RUSSI A/I NDEPENDENT STATES                                                                               |                                     |                                                      | PROGRAM SERVICES                                                                                                               | RUNNI NG EVENTS/TRAVEI                                                                                     | 3, 250.         |
| MIDDLE EAST AND NORTH AFRICA                                                                              |                                     |                                                      | PROGRAM SERVICES                                                                                                               | RUNNI NG EVENTS                                                                                            | 12,780          |
| SOUTH ASIA                                                                                                |                                     |                                                      | PROGRAM SERVICES                                                                                                               | RUNNI NG EVENTS                                                                                            | 3,500.          |
|                                                                                                           |                                     |                                                      |                                                                                                                                |                                                                                                            | -               |
|                                                                                                           |                                     |                                                      |                                                                                                                                |                                                                                                            |                 |
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|                                                                                                           |                                     |                                                      |                                                                                                                                |                                                                                                            |                 |
|                                                                                                           |                                     |                                                      |                                                                                                                                |                                                                                                            |                 |
| Totals                                                                                                    |                                     | ļ                                                    |                                                                                                                                |                                                                                                            | 38 380          |

Page 2

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has

Schedule F (Form 990) 2008

Page 3

Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16
Use Schedule F-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Region               | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV. |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
|                                 |                          |                          |                          |                                 |                                         |                                        | other)                              |
| TRAVEL EXPENSES                 | MIDDLE EAST/NORTH AFRICA | 58                       |                          |                                 | 18, 850                                 | PLANE/HOTEL                            | COST                                |
| TRAVEL EXPENSES                 | RUSSIA                   | 2                        |                          |                                 | 3, 250                                  | PLANE/HOTEL                            | COST                                |
|                                 |                          |                          |                          |                                 |                                         |                                        |                                     |
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Schedule F (Form 990) 2008

| Part-IV- Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| PART 1. LINE 2                                                                                                                                   |
|                                                                                                                                                  |
| THE PEACHTREE ROAD RACE IS AN INTERNATIONAL EVENT AND WE WANT TO INCLUDE                                                                         |
| ALL OF THE TOP RUNNERS FROM AROUND THE WORLD. TO INCREASE COMPETITION,                                                                           |
| WE SELECT ATHLETES WHO ARE RUNNING WELL AND WHO WISH TO TRAVEL TO THE                                                                            |
| UNITED STATES TO COMPETE IN THE RACE. WE MAKE AN OFFER TOWARDS THEIR                                                                             |
| TRAVEL AND LODGING EXPENSES, IF THEY ACCEPT, WE ISSUE A CHECK TO                                                                                 |
| REIMBURSE THEM ON THEIR TRAVEL AND PAY FOR THEIR HOTEL. THE TOP FINISHERS                                                                        |
| IN THE RACE WIN PRIZE MONEY. IF THE INTERNATIONAL ATHLETES PLACE WELL                                                                            |
| ENOUGH, THEY ARE ELIGIBLE FOR PRIZE MONEY AND WE ISSUE THEM A CHECK.                                                                             |
|                                                                                                                                                  |
| PART 1, LINE 3                                                                                                                                   |
|                                                                                                                                                  |
| THE ATLANTA TRACK CLUB CO-HOSTED THE PEACHTREE FOR OUR ARMED FORCES AT                                                                           |
| SIX LOCATIONS THROUGHOUT AFGHANISTAN, IRAQ AND KUWAIT. OVER 3200 MILITARY                                                                        |
| PERSONAL PARTICIPATED IN THE 2009 OVERSEAS RACES THAT TOOK PLACE ON OR                                                                           |
| NEAR JULY 4TH. ALL PARTICIPANTS RECEIVED OFFICIAL PEACHTREE NUMBERS AND                                                                          |
| THE COVETED PEACHTREE T-SHIRT. THE ATC ALSO PROVIDED OFFICIAL START AND                                                                          |
| FINISH LINE BANNERS FOR EACH OF THE RACES.                                                                                                       |
|                                                                                                                                                  |
|                                                                                                                                                  |
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

| OMB No. 1545-0047 2008 Open to Public |
|---------------------------------------|
|---------------------------------------|

Employer Identification number 58-1367422 ► Attach to Form 990. Part I General Information on Grants and Assistance ATLANTA TRACK CLUB, INC.

| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the orants or assistance? | to substantiate<br>grants or assista | the amount of                    | the grants or assista                                                                      | ince, the grantees' e             | ligibility for the grants                           | or assistance, and                     | ×                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|----------------------------------------|--------------------------------------|
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States                                                                                                              | ocedures for m                       | onitoring the us                 | se of grant funds in th                                                                    | e United States                   |                                                     |                                        |                                      |
| Part II Grants and Other Assistance to Governmer                                                                                                                                                                            | to Governme                          |                                  | its and Organizations in the United States. Complete if the organization answered "Yes" on | ited States. Comp                 | lete if the organiza                                | ition answered "Ye                     | sa" on                               |
| Form 990, Part IV, line 21, for any recipient that received more thar<br>Use Part IV and Schedule I-1 (Form 990) if additional space is needed                                                                              | any recipient<br>orm 990) if ac      | that received<br>Iditional space | _                                                                                          | \$5,000 Check this box if         | no one recipient re                                 | sceived more than                      | \$5,000                              |
| (a) Name and address of organization     or government                                                                                                                                                                      | (b) EIN                              | (c) IRC section<br>if applicable | lä !                                                                                       | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV appraisal other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
| ATLANTA TRACA CLUB FOUNDATION INC.                                                                                                                                                                                          | 58-1872627                           | 501(C)(3)                        | 50,000                                                                                     |                                   |                                                     |                                        | SUPPORT LOCAL YOUTH RUNNING PROGRAMS |
| GIA HIGH SCHOOL ASSC                                                                                                                                                                                                        |                                      |                                  | r                                                                                          |                                   |                                                     |                                        | AWARDS FOR HIGH                      |
| P. O. BOX 2/1 IHOMASTON, GA 30286  ATLANTA SPORTS COUNCIL                                                                                                                                                                   | 28-6001218                           | 501(0)(3)                        | 000 01                                                                                     |                                   |                                                     |                                        | SUPPORT FOR LOCAL REDUCTION          |
| INE_HENRY W GRADY HEALTH SYSTEMS FOUNDATION OF HENRY WE GRADY HEALTH SYSTEMS FOUNDATION OF 30303                                                                                                                            | 58-2130437                           | 501(C)(3)                        | 15,000                                                                                     |                                   |                                                     |                                        |                                      |
| GRANTS <55,000                                                                                                                                                                                                              |                                      |                                  | 34, 704.                                                                                   |                                   |                                                     |                                        |                                      |
|                                                                                                                                                                                                                             |                                      |                                  |                                                                                            |                                   |                                                     |                                        |                                      |
|                                                                                                                                                                                                                             |                                      |                                  |                                                                                            |                                   |                                                     |                                        |                                      |
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|                                                                                                                                                                                                                             |                                      |                                  |                                                                                            |                                   |                                                     |                                        |                                      |
|                                                                                                                                                                                                                             |                                      |                                  |                                                                                            |                                   |                                                     |                                        |                                      |
|                                                                                                                                                                                                                             | and governmer                        | nt organizations                 |                                                                                            |                                   |                                                     |                                        | 8                                    |
| 3 Enter total number of other organizations                                                                                                                                                                                 |                                      |                                  |                                                                                            |                                   |                                                     | •                                      | 7                                    |
| For Privacy Act and Paperwork Reduction Act Notice, see                                                                                                                                                                     | Act Notice, see                      |                                  | the Instructions for Form 990.                                                             |                                   |                                                     | Sche                                   | Schedule I (Form 990) 2008           |
|                                                                                                                                                                                                                             |                                      |                                  |                                                                                            |                                   |                                                     |                                        |                                      |

Page 2

58-1367422

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. PLANE/HOTEL (e) Method of valuation (book, FMV, appraisal other) COST (d) Amount of non-cash assistance 11,250 (c) Amount of cash grant 109,800 (b) Number of recipients 20 45 (a) Type of grant or assistance TRAVEL EXPENSES PRIZES

### SCHEDULE J (Form 990)

### **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

ATLANTA TRACK CLUB, INC. 58-1367422 **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 in 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 (e.g., maid, chauffeur, chef) b If line 1a is 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4 c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a **b** Any related organization? . . . . . . . . . 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 

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

Schedule J (Form 990) 2008

Page 2

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

|                    | (B) Breakdow             | (B) Breakdown of W-2 and/or 1099-MISC compensation | compensation                              | poroto (C)      | eldevetool (O) | (E) Total of columns | (E) Comparestion                        |
|--------------------|--------------------------|----------------------------------------------------|-------------------------------------------|-----------------|----------------|----------------------|-----------------------------------------|
| (A) Name           | (I) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>reportable<br>compensation | compensation    | benefits       | (a)-(l)(a)           | reported in prior Form 990-EZ           |
| TRACEY RUSSELL (0) | 1587333.<br>NONE         | NONE                                               | NONE                                      | 14,958.<br>NONE | 6.245.<br>NONE | 180,236.             |                                         |
|                    |                          |                                                    |                                           |                 |                |                      |                                         |
| (p)                |                          |                                                    |                                           |                 |                |                      |                                         |
| (1)                |                          |                                                    |                                           |                 |                |                      |                                         |
| (ii)<br>(ii)       |                          |                                                    |                                           |                 |                |                      |                                         |
| (i)<br>(i)         |                          |                                                    |                                           |                 |                |                      |                                         |
| (1)                |                          |                                                    |                                           |                 |                |                      |                                         |
| (1)                |                          |                                                    |                                           |                 |                |                      |                                         |
| (n)<br>(x)         |                          |                                                    |                                           |                 |                |                      |                                         |
| (n)<br>(j)         |                          |                                                    | -                                         |                 |                |                      |                                         |
| (E)                |                          |                                                    |                                           |                 |                |                      |                                         |
| (II)<br>(D)        |                          |                                                    |                                           |                 |                |                      |                                         |
| (n)<br>(n)         |                          |                                                    |                                           |                 |                |                      |                                         |
| (i)                |                          |                                                    |                                           |                 |                |                      | 1                                       |
| (ii)               |                          |                                                    |                                           |                 |                |                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (E)<br>(E)         |                          |                                                    |                                           |                 |                |                      |                                         |

Schedule J (Form 990) 2008

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

ATLANTA TRACK CLUB, INC.

Employer Identification number 58-1367422

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

| Employees           |                                         |                                                  |                       |          |              |                              |          |                                                | ,                                                                |                                                                                                |
|---------------------|-----------------------------------------|--------------------------------------------------|-----------------------|----------|--------------|------------------------------|----------|------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| (A)                 | (B)                                     | (C)                                              |                       |          |              |                              |          | (D)                                            | (E)                                                              | (F)                                                                                            |
| Name and Title      | Average hours<br>per week               |                                                  |                       |          |              | that ap                      |          | Reportable compensation                        | Reportable                                                       | Estimated                                                                                      |
|                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Individual trustee or director                   | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| BRUCE_WHITMER       |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| PRESIDENT           | 1.                                      | Х                                                |                       | Х        |              |                              |          | _ NONE                                         | NONE                                                             | NONE                                                                                           |
| MARGARET TAYLOR     |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| VICE PRESIDENT      | _ 1.                                    | Х                                                |                       | Х        |              |                              | L_       | NONE                                           | NONE                                                             | NONE                                                                                           |
| JANICE ANDERSON     |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| SECRETARY           | 1.                                      | Х                                                |                       | Х        |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| JILL JINKS          |                                         | Ì                                                |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| TREASURER           | 1.                                      | Х                                                |                       | Х        |              | <u>.</u>                     |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| LARRY GORDON        |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                | •                     |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| JIM HITE            |                                         | ł                                                |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| STEPHEN JAYARAJ     |                                         |                                                  |                       |          |              |                              |          | -                                              |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              | ĺ                            |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| SUSAN JONES         |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              | İ                            |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| LAURIE KNOWLES      |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| SHELLA MCINTOSH     |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | х                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| ROBERTA MCQUADE     |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  | 110111                                                                                         |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| MICHAEL POPICK      |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| HILARY_SILVERBOARD_ |                                         |                                                  |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| BRI AN STURGELL     |                                         |                                                  |                       |          |              |                              |          |                                                | 110112                                                           | 1,011                                                                                          |
| DI RECTOR           | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| MIKE WIEN           |                                         | <u> </u>                                         |                       |          |              |                              |          | 1,0112                                         |                                                                  |                                                                                                |
| DIRECTOR            | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| CHARLIE CRAWFORD    |                                         | <del>                                     </del> |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| DIRECTOR            | 1.                                      | Х                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| MELISSA_REYES       | 1.                                      | <b> </b>                                         |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| DI RECTOR           | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| KELLY WALSH         | 1.                                      | <del>  ^ -</del>                                 |                       | _        |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| DI RECTOR           | 1.                                      | x                                                |                       |          |              |                              |          | NONE                                           | NONE                                                             | NONE                                                                                           |
| TRACEY RUSSELL      | <u> </u>                                | ^                                                | $\vdash$              |          |              |                              |          | NOTAE                                          | NONE                                                             | INOINE                                                                                         |
| EXECUTIVE DIRECTOR  | 40.                                     |                                                  |                       | Х        |              |                              |          | 158,333.                                       | NONE                                                             | 21,903.                                                                                        |
| DYPOSITAT DIVECTOR  | 40.                                     | 1                                                | $\vdash$              | <u> </u> |              |                              | $\vdash$ | 130,333.                                       | NONE                                                             | 21, 303.                                                                                       |
|                     |                                         | ł                                                |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
|                     |                                         | <del>                                     </del> |                       | _        | <del>-</del> | <del> </del>                 |          |                                                |                                                                  |                                                                                                |
|                     |                                         | ł                                                |                       |          |              |                              |          |                                                |                                                                  |                                                                                                |
|                     | <u> </u>                                | Щ_                                               |                       | Ц        |              | Ц                            | L        |                                                | L                                                                |                                                                                                |

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

Schedule J-2 (Form 990) 2008

### SCHEDULĖ O (Form 990)

**Supplemental Information to Form 990** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

| Name of the organization                                          | Employer identification number |
|-------------------------------------------------------------------|--------------------------------|
| ATLANTA TRACK CLUB, INC.                                          | 58-1367422                     |
|                                                                   |                                |
| FORM 990, PART VI, SECTION A, LINE 2                              |                                |
|                                                                   |                                |
|                                                                   |                                |
| LAURIE KNOWLES AND BRIAN STURGELL - FAMILY AND BUSINESS RELATIONS | HIP                            |
|                                                                   |                                |
|                                                                   |                                |
| CHARLIE CRAWFORD AND JILL JINKS - BUSINESS RELATIONSHIP           |                                |
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| Schedule O (Form 990) 2008                                                | Page Z                                    |  |  |  |
|---------------------------------------------------------------------------|-------------------------------------------|--|--|--|
| Name of the organization ATLANTA TRACK CLUB, INC.                         | Employer identification number 58-1367422 |  |  |  |
| FORM 990, PART VI, SECTION A, LINE 4                                      |                                           |  |  |  |
|                                                                           |                                           |  |  |  |
| A BYLAW CHANGE OCCURRED TO INCREASE THE NUMBER OF ELECTED ATC DIR         | ECTORS                                    |  |  |  |
| FROM THE PREVIOUS NINE TO A NEW REQUIREMENT OF TWELVE ELECTED DIRECTORS.  |                                           |  |  |  |
| THESE THREE NEWLY ELECTED POSITIONS REPLACED THREE PREVIOUSLY APPOINTED   |                                           |  |  |  |
| AT-LARGE POSITIONS. THIS CHANGE ALSO REQUIRED A MODIFICATION OF THE BYLAW |                                           |  |  |  |
| TO REFLECT THE BOARD ROTATION TO INCREASE TO FOUR BOARD MEMBERS ELIGIBLE  |                                           |  |  |  |
| FOR ELECTION IN ANY ONE YEAR. THE THREE REMAINING APPOINTED POSITIONS     |                                           |  |  |  |
| WERE REDEFINED TO INCLUDE THREE APPOINTED COMPETITIVE TEAM BOARD          |                                           |  |  |  |
| REPRESENTATIVE POSITIONS TO A MEN'S COMPETITIVE TEAM REPRESENTATI         | VEA                                       |  |  |  |
| WOMEN'S TEAM REPRESENTATIVE AND A TRACK & FIELD TEAM REPRESENTATI         | VE. THE                                   |  |  |  |
| TOTAL NUMBER OF DIRECTORS IS STILL THE SAME WITH 15 DIRECTORS.            |                                           |  |  |  |
|                                                                           |                                           |  |  |  |
| A BYLAW CHANGE OCCURRED TO MODIFY THE LANGUAGE OF A DIRECTOR'S            |                                           |  |  |  |
| QUALIFICIATION. A BOARD PROFILE DOCUMENT IS DEVELOPED TO ASSIST T         | HE BOARD                                  |  |  |  |
| AND NOMINATING COMMITTEE OF THE BOARD IN BETTER DEFINING ATC BOAR         | D SKITT                                   |  |  |  |
| AND EXPERIENCE REQUIREMENTS ON A TRANSPARENT BASIS AND THEREFORE          |                                           |  |  |  |
| ASSISTING THE NOMINATING PROCESS AND THE DEVELOPMENT AND EFFECTIVENESS OF |                                           |  |  |  |
| THE ATC BOARD.                                                            |                                           |  |  |  |
|                                                                           |                                           |  |  |  |
| A BYLAW CHANGE OCCURRED TO MODIFY A NEW MEETING REQUIREMENT DATE          | FOR_THE                                   |  |  |  |
| _ELECTION_OF_NEW_OFFICERS                                                 |                                           |  |  |  |
|                                                                           |                                           |  |  |  |
| A BYLAW CHANGE OCCURRED TO ALLOW THE BOARD TO SET FROM TIME TO TI         | ME. BY A                                  |  |  |  |
| 2/3RD'S VOTE, THE ATC MEMBERSHIP CLASSES/TYPES AND THEREBY ELIMIN         | ATE_THE                                   |  |  |  |
| CONSTRAINT EXISTING IN THE CURRENT BYLAWS OF FOUR SPECIFICALLY DE         | FINED                                     |  |  |  |
| CLASSES OF MEMBERSHIP IN THE ATC.                                         |                                           |  |  |  |

| Name of the organization                                            | Employer identification number |
|---------------------------------------------------------------------|--------------------------------|
| ATLANTA TRACK CLUB, INC.                                            | 58-1367422                     |
|                                                                     |                                |
| A BYLAW CHANGE OCCURRED TO ADD CLARITY TO THE EFFECT THAT COMPETI   | TI VE                          |
| TEAM MEMBERSHIP IS NOT AUTOMATIC WITH ATC MEMBERSHIP AND THERE AR   | Ē                              |
| REQUIREMENTS TO BE A MEMBER OF THE COMPETITIVE TEAM.                |                                |
|                                                                     |                                |
| _A_BYLAW_CHANGE_OCCURRED_TO_ALTER_THE_APPROVAL_PERCENT_NECESSARY_T  | O_60%_TO                       |
| BE ELECTED BY THE BOARD OF DIRECTORS TO THE NOMINATING COMMITTEE,   | _TO                            |
| REFERENCE THE BOARD PROFILE DOCUMENT IN PERFORMING THE WORK OF TH   | E                              |
| NOMI NATI NG COMMITTEE, TO PROVIDE THAT THE NOMINATING COMMITTEE WI | LL_ALSO                        |
| BE RESPONSIBLE FOR DEVELOPING NOMINATIONS FOR ATC OFFICERS, TO DE   | FINE THE                       |
| OFFICER ELECTION PROCESS AND TO ALTER THE REQUIREMENT ON THE VOTE   | <u>FOR</u>                     |
| OFFICERS TO A 60% APPROVAL OF THE BOARD MEMBERS PRESENT.            |                                |
|                                                                     |                                |
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| Name of the organization                                          | Employer identification number | Page Z   |
|-------------------------------------------------------------------|--------------------------------|----------|
| ATLANTA TRACK CLUB, INC.                                          | 58-1367422                     |          |
| FORM 990, PART VI, SECTION A, LINE 6                              |                                |          |
|                                                                   |                                |          |
|                                                                   |                                |          |
| _MEMBERSHIP_DUES_ARE_PAID_ON_AN_ANNUAL_BASIS_AND_ARE_AS_FOLLOWS:  |                                |          |
|                                                                   |                                | <b>-</b> |
| BASIC_MEMBERSHIP_AT_\$20                                          |                                |          |
| INDIVIDUAL MEMBERSHIP AT \$35                                     |                                |          |
| DUAL_MEMBERSHIP_AT_\$50                                           |                                |          |
|                                                                   |                                |          |
| FAMILY MEMBERSHIP AT \$60                                         |                                |          |
|                                                                   |                                |          |
| THE BASIC MEMBERSHIP LEVEL IS A NEW LEVEL THAT WAS ADDED IN 2009. |                                |          |
|                                                                   |                                |          |
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Schedule O (Form 990) 2008

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| Schedule O (Form 990) 2008                                        | Page Z                         |
|-------------------------------------------------------------------|--------------------------------|
| Name of the organization                                          | Employer identification number |
| ATLANTA TRACK CLUB, INC.                                          | 58-1367422                     |
| FORM OOO DARM UT CHOMTON A LINE 74                                |                                |
| FORM 990, PART VI, SECTION A, LINE 7A and 7B                      |                                |
|                                                                   |                                |
|                                                                   |                                |
| THE BOARD OF DIRECTORS IS FLECTED BY THE MEMBERS OF THE ATC.      | _A_BALLOT_IS                   |
|                                                                   |                                |
| MAILED_TO_ALL_MEMBERS_WHO_ARE_ENTITLED_TO_CAST_ONE_VOTE_FOR_E     | ACH_VACANCY                    |
|                                                                   |                                |
| TO_BE_FILLED_ON_THE_BOARD_OF_DLRECTORSINDIVIDUAL_MEMBERS_AR       | E_ALLOWED                      |
| ONE_ VOTE, _ DUAL_ AND_ FAMILY_ MEMBERS_ARE_ALLOWED_TWO_ VOTES    |                                |
| COMEL VOI E, CODALL AND FAMILLI FIRMANA LARE LALLOWED I WO VOI ES |                                |
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| Schedule O (Form 990) 2008                                        | Page Z                         |
|-------------------------------------------------------------------|--------------------------------|
| Name of the organization                                          | Employer identification number |
| ATLANTA TRACK CLUB, INC.                                          | 58-1367422                     |
|                                                                   |                                |
| FORM 990, PART VI, SECTION B, LINE 10                             |                                |
|                                                                   |                                |
|                                                                   |                                |
| AFTER A THOROUGH REVIEW BY THE FINANCE COMMITTEE, A COPY OF THE F | I NAL                          |
|                                                                   | ±224                           |
| DRAFT 990 IS SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR THEIR R | EVIEW.                         |
|                                                                   |                                |
| AFTER THE REVIEW PROCESS, THE 990 IS FINALIZED AND FILED WITH THE | _IRS                           |
|                                                                   |                                |
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| Schedule O (Form 990) 2008                                          | Page 2                                     |
|---------------------------------------------------------------------|--------------------------------------------|
| Name of the organization ATLANTA TRACK CLUB, INC.                   | Employer identification number  58-1367422 |
| FORM 990, PART VI, SECTION B, LINE 12C                              | 30 1307422                                 |
| THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS BOARD OF DI   | RECTORS,                                   |
| _FULL_AND_PART-TIME_EMPLOYEES, AND COMMITTEE MEMBERS_OF_THE_ATC_WI  | <u>TH</u>                                  |
| BOARD-DELEGATED GOVERNING POWERS. EACH AFFECTED INDIVIDUAL MUST S   | IGN_A                                      |
| _DISCLOSURE_STATEMENT_ON_A_MINIMUM_OF_AN_ANNUAL_BASIS_AND_AN_AMEND  | MENT                                       |
| WHENEVER A CONFLICT ARISES. THE GOVERNANCE COMMITTEE SERVES AS TH   | E_REVIEW                                   |
| _COMMITTEE_TO_DETERMINE_WHETHER_CONFLICTS_EXIST_WITH_RESPECT_TO_TH  | E_BOARD                                    |
| MEMBERS AND COMMITTEE MEMBERS. THE EXECUTIVE DIRECTOR SERVES AS T   | HE                                         |
| REVIEWER FOR THE EMPLOYEES. IF A CONFLICT ARISES, IT'S EXAMINED P   | ROMPTLY                                    |
| _AND_SAID_PERSON_WILL_BE_PROHIBITED_FROM_PARTICIPATING_IN_THE_GOVE  | RNI NG                                     |
| _BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION WHERE THE CO | ONFLICT                                    |
| EXISTS.                                                             |                                            |
|                                                                     |                                            |
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| ATLANTA TRACK CLUB, INC.  FORM, 999, PART VI. SECTION B. LINE 15A.  THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE EXECUTIVE.  COMMITTEE, SERVING, AS THE COMPENSATION COMMITTEE. NO MEMBERS OF THIS  COMMITTEE, HAD, A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION FOR  ARRANGEMENT AT ISSUE, USE OF DATA MAS USED AS COMPARABLE COMPENSATION FOR  SIMILARLY JUDILIPIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  SIMILARLY SITUATED ORGANIZATIONS. A DETAILED POLICY FOR THE EXECUTIVE  DIRECTOR'S COMPENSATION REVIEW HAS REEN ACCOTED AND APPROVED AND WILL BE  USED, GOING, FORWARD. | Schedule O (Form 990) 2008                                         | Page <b>2</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------|
| FORM 990, PART VI, SECTION B, LINE 15A  THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE EXECUTIVE  COMMITTEE SERVING AS THE COMPENSATION COMMITTEE. NO MEMBERS OF THIS  COMMITTEE HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION  ARRANGEMENT AT ISSUE. USE OF DATA WAS USED AS COMPARABLE COMPENSATION FOR  SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  SIMILARLY SITUATED ORGANIZATIONS. A DETAILED POLICY FOR THE EXECUTIVE  DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND WILL BE                                                              |                                                                    |               |
| THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE EXECUTIVE  COMMITTEE SERVING AS THE COMPENSATION COMMITTEE. NO MEMBERS OF THIS  COMMITTEE HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION  ARRANGEMENT AT ISSUE. USE OF DATA WAS USED AS COMPARABLE COMPENSATION FOR  SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  SIMILARLY SITUATED ORGANIZATIONS. A DETAILED POLICY FOR THE EXECUTIVE  DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND WILL BE                                                                                                      | FORM 990, PART VI, SECTION B, LINE 15A                             |               |
| COMMITTEE HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION  ARRANGEMENT AT ISSUE. USE OF DATA WAS USED AS COMPARABLE COMPENSATION FOR  SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  SIMILARLY SITUATED ORGANIZATIONS. A DETAILED POLICY FOR THE EXECUTIVE  DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND WILL BE                                                                                                                                                                                                                                                |                                                                    |               |
| ARRANGEMENT AT ISSUE. USE OF DATA WAS USED AS COMPARABLE COMPENSATION FOR  SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  SIMILARLY SITUATED ORGANIZATIONS. A DETAILED POLICY FOR THE EXECUTIVE  DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND WILL BE                                                                                                                                                                                                                                                                                                                       | COMMITTEE SERVING AS THE COMPENSATION COMMITTEE. NO MEMBERS OF TH  | <u> </u>      |
| SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  SIMILARLY SITUATED ORGANIZATIONS. A DETAILED POLICY FOR THE EXECUTIVE  DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND WILL BE                                                                                                                                                                                                                                                                                                                                                                                                  | _COMMITTEE_HAD_A_CONFLICT_OF_INTEREST_WITH_RESPECT_TO_THE_COMPENSA | TION          |
| _SIMILARLY_SITUATED_ORGANIZATIONS. A DETAILED POLICY FOR THE EXECUTIVE _DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND WILL BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ARRANGEMENT AT ISSUE. USE OF DATA WAS USED AS COMPARABLE COMPENSA  | TION_FOR      |
| _DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND WILL BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS   | <u>AT</u>     |
| HIGER COING EORHARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SIMILARLY SITUATED ORGANIZATIONS. A DETAILED POLICY FOR THE EXECU  | TIVE          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED AND   | WILL BE       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | USED GOING FORWARD.                                                |               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |               |

| Schedule O (Form 990) 2008            | Page 2                         |
|---------------------------------------|--------------------------------|
| Name of the organization              | Employer identification number |
| ATLANTA TRACK CLUB, INC.              | 58-1367422                     |
|                                       |                                |
| FORM 990, PART VI, SECTION B, LINE 19 |                                |
|                                       |                                |
|                                       |                                |
|                                       |                                |
| INFORMATION IC AVAILABLE UDON DECURCE |                                |
| INFORMATION IS AVAILABLE UPON REQUEST |                                |
|                                       |                                |
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| Schedule O (Form 990) 2008                                        | Page Z                         |
|-------------------------------------------------------------------|--------------------------------|
| Name of the organization                                          | Employer identification number |
| ATLANTA TRACK CLUB, INC.                                          | 58-1367422                     |
| FORM OOD DARM VI # OR                                             |                                |
| FORM 990, PART XI, # 2B                                           |                                |
|                                                                   |                                |
|                                                                   |                                |
| DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2009, THE ATC VOTED TO | CHANGE                         |
|                                                                   |                                |
| TO A CALENDAR YEAR END-EFFECTIVE DECEMBER 31, 2009. A SEPARATE A  | NUDIT WAS                      |
| NOT PERFORMED FOR THE FISCAL YEAR OCTOBER 1, 2008 THROUGH SEPTEME | BER 30.                        |
|                                                                   |                                |
| 2009 COVERED BY THIS FORM 990. AN AUDIT WAS PERFORMED FOR THE CA  | LENDAR                         |
| ^^^                                                               |                                |
| YEAR 2009 AND FUTURE AUDITS WILL BE FOR CALENDAR YEAR PERIODS.    |                                |
|                                                                   |                                |
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58-1367422

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#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS                                                             | DESCRIPTION OF SERVICES | COMPENSATION      |
|------------------------------------------------------------------------------|-------------------------|-------------------|
| COTTON GRAPHICS<br>5600 NEW PEACHTREE ROAD<br>ATLANTA, GA 30341              | T-SHIRT PRINTING        | 311,254.          |
| NEW SOUTH PUBLISHING<br>450 NORTHRIDGE PARKWAY, STE 202<br>ATLANTA, GA 30350 | PUBLISHI NG             | 154,344.          |
| TOTAL COMP                                                                   | ENSATION                | 465 <b>,</b> 598. |

FORM 990, PART VIII - INVESTMENT INCOME

| (D)  | REVENUE        | ;<br>;<br>;<br>;<br>; | 11,730.            | 18,307.         | 30,037. |
|------|----------------|-----------------------|--------------------|-----------------|---------|
| (C)  | BUSI NESS REV. |                       |                    |                 |         |
| (B)  | EXEMPT REVENUE |                       |                    |                 |         |
| ( A) | REVENUE        | <br>                  | 11,730.            | 18,307.         | 30,037. |
|      | DESCRIPTION    |                       | DI VI DEND I NCOME | INTEREST INCOME | TOTALS  |

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#### RENT AND ROYALTY SUMMARY

| PROPERTY   | TOTAL<br>INCOME | DEPLETION/<br>DEPRECIATION | OTHER<br>EXPENSES | ALLOWABLE<br>NET<br>I NCOME<br> |
|------------|-----------------|----------------------------|-------------------|---------------------------------|
| EQUI PMENT | 7,979.          |                            | 7,979.            |                                 |
| TOTALS     | 7,979.          | =======                    | 7,979.            |                                 |

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

|               |               | BEGT NNT NG                               |            | S ALARI ES                                                                                                                 |                                                                                             | MI NUS<br>ENDI NG                      | COST OF    |
|---------------|---------------|-------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------|------------|
| DESCRI PTI ON | GROSS SALES   | INVENTORY                                 | PURCHAS ES | AND WAGES                                                                                                                  | OTHER COSTS                                                                                 | INVENTORY                              | GOODS SOLD |
|               |               |                                           |            |                                                                                                                            |                                                                                             |                                        |            |
| MERCHANDISE   | 8, 733        |                                           | 6,612.     |                                                                                                                            |                                                                                             |                                        | 6,612.     |
|               |               |                                           |            |                                                                                                                            |                                                                                             |                                        |            |
| TOTALS        | 8, 733 6, 612 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |            | 11<br>13<br>14<br>14<br>15<br>16<br>17<br>17<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | ###################################### | 6,612      |
|               |               |                                           |            |                                                                                                                            |                                                                                             |                                        |            |

58-1367422

#### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES \_\_\_\_\_

**ENDING** DESCRIPTION BOOK VALUE -----

PREPAID EXPENSES 116,741.

\_\_\_\_\_\_ TOTALS 116,741. =========

58-1367422

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES 

DESCRIPTION

ENDI NG BOOK VALUE \_\_\_\_\_

COST OR FMV

MARKETABLE SECURITIES

NONE FMV

TOTALS

NONE ===========

-----

58-1367422

FORM 990, PART X - DEFERRED REVENUE 

DESCRIPTION

ENDI NG BOOK VALUE -----

DEFERRED REVENUE

324,209.

-----

TOTALS

324,209. 

## SCHEDULE D (Form 4041)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2008

| Name of estate or trust                                                                                                                                      |                                                    |                                                        |                         | Employer ident                                      | ficatio     | n number                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------|--------------------------------------------------------------------|
| ATLANTA TRACK CLUB, INC.                                                                                                                                     |                                                    |                                                        |                         | 58-13674                                            | 22          |                                                                    |
| Note: Form 5227 filers need to complete only Pa                                                                                                              |                                                    | 11-17-0                                                |                         |                                                     |             |                                                                    |
| Part I Short-Term Capital Gains and Lo                                                                                                                       |                                                    | Held One Ye                                            | ar or Less              | T (a) Coat as other                                 | <b></b>     | /// Care as (Issa) for                                             |
| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co)                                                                                   | (b) Date acquired<br>(mo, day, yr)                 | (c) Date sold<br>(mo , day, уг )                       | (d) Sales price         | (e) Cost or other<br>(see page 4 of<br>instructions | the         | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
| 1a                                                                                                                                                           |                                                    | -                                                      |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         | -                                                   |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         | <del> </del> -                                      |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         | <del></del>                                         |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         | _L                                                  |             |                                                                    |
| b Enter the short-term gain or (loss), if any, fi                                                                                                            | ram Cabadula D                                     | 1 line 1h                                              |                         |                                                     | 4.          |                                                                    |
| b Enter the short-term gain or (loss), if any, fi                                                                                                            | rom Schedule D                                     | -1, line 10                                            | • • • • • • • • • • • • | • • • • • • • • • •                                 | 1b          | <del>-</del> 173,812.                                              |
| 2 Short-term capital gain or (loss) from Form                                                                                                                | is 4684, 6252.                                     | 6781, and 882                                          | 4                       |                                                     | 2           |                                                                    |
| ,,,,,,,                                                                                                                                                      | ,                                                  |                                                        |                         |                                                     | _           |                                                                    |
| 3 Net short-term gain or (loss) from partners                                                                                                                |                                                    |                                                        |                         |                                                     | 3           |                                                                    |
| 4 Short-term capital loss carryover Enter the                                                                                                                |                                                    |                                                        |                         |                                                     |             |                                                                    |
| Carryover Worksheet                                                                                                                                          | • • • • • • • • • • • • • • • • • • • •            |                                                        | <u> </u>                |                                                     | 4           | ()                                                                 |
| 5 Net short-term gain or (loss). Combine line                                                                                                                | •                                                  | , ,                                                    |                         | •                                                   | _           |                                                                    |
| column (3) on the back                                                                                                                                       | s - Assets Held                                    | More Than Or                                           |                         | <u> ▶</u>                                           | 5           | <del>-173,812.</del>                                               |
| (a) Description of property                                                                                                                                  | (b) Date acquired                                  | (c) Date sold                                          |                         | (e) Cost or other                                   |             | (f) Gain or (loss) for                                             |
| (Example 100 shares 7% preferred of "Z" Co)                                                                                                                  | (mo , day, yr )                                    | (mo , day, yr )                                        | (d) Sales price         | (see page 4 of<br>instructions                      |             | the entire year<br>Subtract (e) from (d)                           |
| 6a                                                                                                                                                           |                                                    |                                                        | _                       |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        | -                       | +                                                   |             |                                                                    |
| ·                                                                                                                                                            |                                                    |                                                        | _                       |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                        |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             |                                                                    |
| h Enterthelese term now (top) if you to                                                                                                                      |                                                    | 4.10                                                   |                         |                                                     |             |                                                                    |
| b Enter the long-term gain or (loss), if any, fro                                                                                                            | om Schedule D-                                     | 1, line 6b                                             |                         |                                                     | 6b          | -106, 483.                                                         |
|                                                                                                                                                              |                                                    |                                                        |                         |                                                     |             | -106,483.                                                          |
| <ul><li>b Enter the long-term gain or (loss), if any, from</li><li>7 Long-term capital gain or (loss) from Form</li></ul>                                    |                                                    |                                                        |                         |                                                     | 6b          | -106, 483.                                                         |
| 7 Long-term capital gain or (loss) from Form                                                                                                                 | s 2439, 4684, 6                                    | 5252, 6781, ar                                         | nd 8824                 |                                                     |             | -106, 483.                                                         |
| 7 Long-term capital gain or (loss) from Form                                                                                                                 | s 2439, 4684, 6                                    | 5252, 6781, ar                                         | nd 8824                 |                                                     | 7           | -106,483.                                                          |
| 7 Long-term capital gain or (loss) from Form                                                                                                                 | s 2439, 4684, 6                                    | 6252, 6781, ar                                         | estates or trusts       |                                                     | 7           | -106, 483.                                                         |
| <ul> <li>7 Long-term capital gain or (loss) from Form</li> <li>8 Net long-term gain or (loss) from partnersh</li> <li>9 Capital gain distributions</li></ul> | s 2439, 4684, 6                                    | 5252, 6781, ar                                         | estates or trusts       |                                                     | 7           | -106, 483.                                                         |
| <ul> <li>7 Long-term capital gain or (loss) from Form</li> <li>8 Net long-term gain or (loss) from partnersh</li> <li>9 Capital gain distributions</li></ul> | s 2439, 4684, 6                                    | 5252, 6781, ar                                         | estates or trusts       |                                                     | 7           | -106, 483.                                                         |
| 7 Long-term capital gain or (loss) from Form 8 Net long-term gain or (loss) from partnersh 9 Capital gain distributions                                      | s 2439, 4684, 6                                    | 5252, 6781, ar ons, and other                          | estates or trusts       |                                                     | 7<br>8<br>9 | -106, 483.                                                         |
| 7 Long-term capital gain or (loss) from Form 8 Net long-term gain or (loss) from partnersh 9 Capital gain distributions                                      | s 2439, 4684, 6                                    | 6252, 6781, ar ons, and other                          | estates or trusts       | ss                                                  | 7<br>8<br>9 | -106, 483.                                                         |
| 7 Long-term capital gain or (loss) from Form 8 Net long-term gain or (loss) from partnersh 9 Capital gain distributions                                      | s 2439, 4684, 6 hips, S corporation amount, if any | ons, and other  from line 14 one one of the column (f) | estates or trusts       | ss                                                  | 7<br>8<br>9 | -106, 483.<br>( )                                                  |

| Schedule D (Form 1041) 2008                                                                                                                                                                                                  |           |                                 |                             |               | Page 2                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|-----------------------------|---------------|---------------------------|
| Part-III Summary of Parts I and II  Caution: Read the instructions before completing this part                                                                                                                               |           | (1) Beneficiaries' (see page 5) | (2) Esta                    |               | (3) Total                 |
| 13 Net short-term gain or (loss)                                                                                                                                                                                             | 13        |                                 | _                           |               | -173,812.                 |
| 14 Net long-term gain or (loss):                                                                                                                                                                                             |           |                                 |                             |               |                           |
| - · · ·                                                                                                                                                                                                                      | 14a       |                                 |                             |               | -106,483.                 |
|                                                                                                                                                                                                                              | 14b       |                                 |                             |               |                           |
|                                                                                                                                                                                                                              | 14c       |                                 |                             |               |                           |
| 15 Total net gain or (loss). Combine lines 13 and 14a ▶                                                                                                                                                                      | 15        |                                 |                             |               | -280, 295.                |
| Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form                                                                                                                                    | n 990     | T, Part I, line 4a) If line     | s 14a and 15                | , colui       | mn (2), are net gains, go |
| to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Pa                                                                                                                                    | rt IV a   | and the Capital Loss Car        | ryover Works                | heet,         | as necessary              |
| Part IV Capital Loss Limitation                                                                                                                                                                                              |           |                                 | _                           |               |                           |
| 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa                                                                                                                                                  |           |                                 |                             |               |                           |
| a The loss on line 15, column (3) or b \$3,000  Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page Carrover Worksheet on page 7 of the instructions to figure your capital loss carrover. |           |                                 | [                           | 16            | ( 3,000.)                 |
| Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page<br>Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover                                             | 1, lın    | e 22 (or Form 990-T, III        | ne 34), is a $\overline{k}$ | oss, co       | omplete the Capital Loss  |
| Part V Tax Computation Using Maximum Capital Gains Rates                                                                                                                                                                     |           |                                 |                             |               |                           |
| Form 1041 filers. Complete this part only if both lines 14a and 15 in colum                                                                                                                                                  | nn (2     | ) are gains or an am            | vount is ont                | arad          | in Port Lor Port II and   |
| there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more                                                                                                                                                  |           |                                 | iouni is eni                | ereu          | in Part tot Part II and   |
| Caution: Skip this part and complete the worksheet on page 8 of the instruct                                                                                                                                                 |           |                                 |                             |               |                           |
| Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or                                                                                                                                                        |           |                                 |                             |               |                           |
| • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero                                                                                                                                                      |           |                                 |                             |               |                           |
| Form 990-T trusts. Complete this part only if both lines 14a and 15 are                                                                                                                                                      |           |                                 |                             |               |                           |
| of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part                                                                                                                                                    | and       | complete the works              | sheet on pa                 | ige 8         | of the instructions if    |
| either line 14b, col (2) or line 14c, col (2) is more than zero                                                                                                                                                              |           |                                 |                             | <del></del> , |                           |
| 17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34                                                                                                                                                      | •)        | 17                              |                             | ļ             |                           |
| 18 Enter the smaller of line 14a or 15 in column (2)                                                                                                                                                                         |           |                                 |                             | į             |                           |
| but not less than zero 18                                                                                                                                                                                                    |           |                                 | 1                           |               |                           |
| 19 Enter the estate's or trust's qualified dividends                                                                                                                                                                         |           |                                 |                             |               |                           |
| from Form 1041, line 2b(2) (or enter the qualified                                                                                                                                                                           |           |                                 |                             | l             |                           |
| dividends included in income in Part I of Form 990-T) 19                                                                                                                                                                     |           |                                 |                             |               |                           |
| 20 Add lines 18 and 19                                                                                                                                                                                                       |           | _                               |                             | į             |                           |
| 21 If the estate or trust is filing Form 4952, enter the                                                                                                                                                                     |           |                                 | i                           | İ             |                           |
| amount from line 4g, otherwise, enter -0 ▶ 21                                                                                                                                                                                |           | _                               |                             | ĺ             |                           |
| 22 Subtract line 21 from line 20 If zero or less, enter -0                                                                                                                                                                   |           | · ·                             |                             |               |                           |
| 23 Subtract line 22 from line 17 If zero or less, enter -0                                                                                                                                                                   |           | 23                              |                             |               |                           |
| 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                                                                                                                                                                      |           |                                 |                             |               |                           |
| 24 Enter the smaller of the amount on line 17 or \$2,200                                                                                                                                                                     |           | 24                              |                             |               |                           |
| 25 Is the amount on line 23 equal to or more than the amount on line 24?                                                                                                                                                     | ,         |                                 |                             |               |                           |
| Yes. Skip lines 25 and 26, go to line 27 and check the "No" box                                                                                                                                                              |           |                                 |                             |               |                           |
| No. Enter the amount from line 23                                                                                                                                                                                            |           | . 25                            |                             | 1             |                           |
| Subtract line 25 from line 24                                                                                                                                                                                                | • •       | .   26                          |                             | ł             |                           |
|                                                                                                                                                                                                                              |           | 27                              |                             | į             |                           |
| Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or line                                                                                                                                            | 22        | 27                              |                             |               |                           |
| 28 Enter the amount from line 26 (If line 26 is blank, enter -0-)                                                                                                                                                            |           | 20                              | i                           | l             |                           |
| 20 Enter the amount from line 20 (If line 20 is blank, enter -0-)                                                                                                                                                            | • •       | 28                              |                             | 1             |                           |
| 29 Subtract line 28 from line 27                                                                                                                                                                                             |           | 20                              |                             | l             |                           |
| 30 Multiply line 29 by 15% ( 15)                                                                                                                                                                                             |           |                                 |                             | 30            |                           |
| 31 Figure the tax on the amount on line 23. Use the 2008 Tax Rate Sch                                                                                                                                                        | <br>Juhan | e for Estates and Tri           | ists (see                   | 30            | <del>- ·</del>            |
| <u> </u>                                                                                                                                                                                                                     |           |                                 |                             | 21            |                           |
| the Schedule Ginstructions)                                                                                                                                                                                                  | • • •     |                                 | +                           | 31            | <del></del>               |
| 32 Add lines 30 and 31                                                                                                                                                                                                       |           |                                 |                             | 32            |                           |
| 33 Figure the tax on the amount on line 17. Use the 2008 Tax Rate Sch                                                                                                                                                        | edul      | e for Estates and Tr            | ا ممه) واور                 |               |                           |
| the Schedule Ginstructions)                                                                                                                                                                                                  |           |                                 |                             | 33            |                           |
| 34 Tax on all taxable income. Enter the smaller of line 32 or lin                                                                                                                                                            | ne 3      | 3 here and on line              | e 1a of                     | -             |                           |
| Schedule G, Form 1041 (or line 36 of Form 990-T)                                                                                                                                                                             |           |                                 |                             | 34            |                           |
|                                                                                                                                                                                                                              | • • •     | <u> </u>                        | <u> </u>                    | ٠.١           |                           |

#### SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

# Continuation Sheet for Schedule D (Form 1041) ▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2008

| Name of     | estate or trust                                                     |                                         |                                  |                                                        | Employer identification                                        | n number                                    |
|-------------|---------------------------------------------------------------------|-----------------------------------------|----------------------------------|--------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|
| ATLA        | ANTA TRACK CLUB, INC. Short-Term Capital Gains an                   |                                         |                                  | 58-1367422                                             |                                                                |                                             |
| Part I      | Short-Term Capital Gains an                                         |                                         | 1                                |                                                        |                                                                |                                             |
|             | (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | (b) Date<br>acquired<br>(mo , day, yr ) | (c) Date sold<br>(mo , day, yr ) | (d) Sales price<br>(see page 4 of the<br>instructions) | (e) Cost or other basis<br>(see page 4 of the<br>instructions) | (f) Gain or (loss)<br>Subtract (e) from (d) |
|             | RT-TERM LOSSES (DETAIL<br>CACHED)                                   | VAR                                     | VAR                              | 237, 144.                                              | 410,956.                                                       | -173,812.                                   |
|             |                                                                     |                                         |                                  |                                                        |                                                                | -, -                                        |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
| <del></del> |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                | :                                           |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  | <u> </u>                                               |                                                                |                                             |
| <del></del> |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             |                                                                     |                                         |                                  |                                                        |                                                                |                                             |
|             | -                                                                   |                                         |                                  |                                                        |                                                                |                                             |
| 1b Total    | . Combine the amounts in column                                     | (f) Enter here an                       | đ on Schedule D, lır             | ne 1b                                                  |                                                                | -173,812.                                   |

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Employer identification number Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co ) (c) Date sold (mo , day, yr ) (see page 4 of the instructions) acquired (mo, day, yr) 6a LONG-TERM LOSSES ( DETAIL 246,661. ATTACHED) VAR 140,178. -106,483. -106,483.Schedule D-1 (Form 1041) 2008

## Form 8868

(Rev April 2009)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Department of the<br>Internal Revenue S                                                                                                                                                                                                                                        |                                                                                                                                                                         | ► File a separate application for ea                                                                                                                                                                                                                                                 | ch return.                                                          |                                                                                                       |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                | If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box                                                                           |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| <ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)</li> <li>Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868</li> </ul> |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).                                                                                                                                                                                           |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete                                                                                                                                                          |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| Part I only                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of                                                                                                                                               |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| time to file income tax returns                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| one of the re-<br>electronically i<br>returns, or a co                                                                                                                                                                                                                         | turns note<br>if (1) you<br>omposite                                                                                                                                    | Generally, you can electronically file Form 8868 if you do below (6 months for a corporation required to file yant the additional (not automatic) 3-month extension or consolidated From 990-T Instead, you must submit the electronic filing of this form, visit www irs gov/efile. | Form 990-T) Howev<br>or (2) you file Forms<br>ne fully completed an | ver, you cannot file Form 8868<br>s 990-BL, 6069, or 8870, group<br>d signed page 2 (Part II) of Form |  |  |
| Type or                                                                                                                                                                                                                                                                        | Name of                                                                                                                                                                 | xempt Organization                                                                                                                                                                                                                                                                   |                                                                     | Employer identification number                                                                        |  |  |
| print                                                                                                                                                                                                                                                                          | ATL                                                                                                                                                                     | ANTA TRACK CLUB, INC.                                                                                                                                                                                                                                                                |                                                                     | 58-1367422                                                                                            |  |  |
| File by the                                                                                                                                                                                                                                                                    | Number,                                                                                                                                                                 | street, and room or suite no. If a P.O. box, see instructions                                                                                                                                                                                                                        |                                                                     |                                                                                                       |  |  |
| due date for filing your                                                                                                                                                                                                                                                       | 309                                                                                                                                                                     | EAST SHADOWLAWN AVENUE                                                                                                                                                                                                                                                               |                                                                     |                                                                                                       |  |  |
| retum See                                                                                                                                                                                                                                                                      | City, tow                                                                                                                                                               | or post office, state, and ZIP code. For a foreign address, see in                                                                                                                                                                                                                   | structions                                                          |                                                                                                       |  |  |
| instructions                                                                                                                                                                                                                                                                   |                                                                                                                                                                         | ANTA, GA 30305-2403                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | be filed (file a separate application for each return)                                                                                                                                                                                                                               |                                                                     |                                                                                                       |  |  |
| X Form 990                                                                                                                                                                                                                                                                     |                                                                                                                                                                         | Form 990-T (corporation)                                                                                                                                                                                                                                                             | F-1                                                                 | orm 4720                                                                                              |  |  |
| Form 990                                                                                                                                                                                                                                                                       |                                                                                                                                                                         | Form 990-T (sec 401(a) or 408(a) trust)                                                                                                                                                                                                                                              | <u> </u>                                                            | orm 5227                                                                                              |  |  |
| Form 990                                                                                                                                                                                                                                                                       |                                                                                                                                                                         | Form 990-T (trust other than above)                                                                                                                                                                                                                                                  | <b>├</b>                                                            | orm 6069                                                                                              |  |  |
| Form 990                                                                                                                                                                                                                                                                       | I-PF                                                                                                                                                                    | Form 1041-A                                                                                                                                                                                                                                                                          | F0                                                                  | orm 8870                                                                                              |  |  |
| The books are in the care of ► TRACEY RUSSELL  Telephone No ► 404 231-9065  FAX No ►  If the organization does not have an office or place of business in the United States, check this box                                                                                    |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| _                                                                                                                                                                                                                                                                              |                                                                                                                                                                         | eturn, enter the organization's four digit Group Exemption                                                                                                                                                                                                                           |                                                                     | If this is                                                                                            |  |  |
| for the whole g                                                                                                                                                                                                                                                                | group, che                                                                                                                                                              | _                                                                                                                                                                                                                                                                                    |                                                                     | nd attach a list with the                                                                             |  |  |
|                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | omatic 3-month (6 months for a corporation re                                                                                                                                                                                                                                        | ngurad to file For                                                  | m 000 D extension of time                                                                             |  |  |
| 1 I reques                                                                                                                                                                                                                                                                     |                                                                                                                                                                         | ormatic 3-month (6 months for a corporation $\frac{05/15}{1000}$ , to file the exempt organization returns                                                                                                                                                                           |                                                                     |                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | s return for                                                                                                                                                                                                                                                                         | in tor the organizatio                                              | IT Harried above The extension is                                                                     |  |  |
|                                                                                                                                                                                                                                                                                | gamzanor                                                                                                                                                                | 3 Total II To                                                                                                                                                                                                                                                                        |                                                                     |                                                                                                       |  |  |
| ▶ □                                                                                                                                                                                                                                                                            | calendar                                                                                                                                                                | vear or                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                       |  |  |
| <b>▶</b>  x                                                                                                                                                                                                                                                                    | tax year                                                                                                                                                                | eginning, and en                                                                                                                                                                                                                                                                     | ding                                                                | 09/30,2009                                                                                            |  |  |
| 2 If this tax                                                                                                                                                                                                                                                                  | year is fo                                                                                                                                                              | less than 12 months, check reason Initial return                                                                                                                                                                                                                                     | Final return                                                        | Change in accounting period                                                                           |  |  |
| 3a If this an                                                                                                                                                                                                                                                                  | nlication                                                                                                                                                               | s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, er                                                                                                                                                                                                                                  | ter the tentative tax                                               | less any                                                                                              |  |  |
| •                                                                                                                                                                                                                                                                              | •                                                                                                                                                                       | ts. See instructions.                                                                                                                                                                                                                                                                | iter the tentative tax,                                             | 3a \$                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      | ts and estimated tax                                                |                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                | b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| made Include any prior year overpayment allowed as a credit.  by Salance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit                                                                                                     |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See                                                                                                                                                                                    |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| instructio                                                                                                                                                                                                                                                                     | •                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                                                     | 3c \$                                                                                                 |  |  |
| Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO                                                                                                                                                         |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| for payment instructions                                                                                                                                                                                                                                                       |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                       |  |  |
| For Privacy A                                                                                                                                                                                                                                                                  | ct and Pa                                                                                                                                                               | erwork Reduction Act Notice, see Instructions.                                                                                                                                                                                                                                       |                                                                     | Form 8868 (Rev 4-2009)                                                                                |  |  |

| Form 886                | 8 (Rev 4-2009)                                                                                                                | Page 2                                |  |  |  |  |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|--|
|                         | u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this                        | oox ▶ X                               |  |  |  |  |
|                         | Only complete Part II if you have already been granted an automatic 3-month extension on a previously                         |                                       |  |  |  |  |
|                         | u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)                                             |                                       |  |  |  |  |
|                         | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no                                              | copies needed).                       |  |  |  |  |
|                         | Name of Exempt Organization Employer ide                                                                                      | ntification number                    |  |  |  |  |
| Type or print           | r I                                                                                                                           | 58-1367422                            |  |  |  |  |
| •                       | Number street and room or suite no. If a P.O. box see instructions.                                                           | For IRS use only                      |  |  |  |  |
| File by the<br>extended | 2007 FACT CUADOMI AMN AVENUE                                                                                                  |                                       |  |  |  |  |
| due date filing the     | 101                                                                                                                           |                                       |  |  |  |  |
| retum Se                | ee                                                                                                                            |                                       |  |  |  |  |
|                         | type of return to be filed (File a separate application for each return)                                                      |                                       |  |  |  |  |
| $\Box$                  | Form 990 Form 1041-A                                                                                                          | Form 6069                             |  |  |  |  |
| <del>  </del>           | Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720                                                                 | Form 8870                             |  |  |  |  |
| <b>—</b>                | Form 990-EZ Form 990-T (trust other than above) Form 5227                                                                     |                                       |  |  |  |  |
|                         | Do not complete Part II if you were not already granted an automatic 3-month extension on a pre                               | viously filed Form 8868.              |  |  |  |  |
|                         |                                                                                                                               | Thousing thick i chill booter         |  |  |  |  |
|                         | books are in the care of TRACEY RUSSELL                                                                                       |                                       |  |  |  |  |
|                         | phone No   404 231-9064  FAX No   FAX No   In the United States about the box                                                 |                                       |  |  |  |  |
|                         | e organization does not have an office or place of business in the United States, check this box                              |                                       |  |  |  |  |
|                         | s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)                                     |                                       |  |  |  |  |
|                         | whole group, check this box                                                                                                   | ttach a                               |  |  |  |  |
|                         | the names and EINs of all members the extension is for                                                                        |                                       |  |  |  |  |
|                         | request an additional 3-month extension of time until 08/15/2010                                                              |                                       |  |  |  |  |
|                         | For calendar year , or other tax year beginning $10/01/2008$ and ending $09/30/2009$                                          |                                       |  |  |  |  |
|                         |                                                                                                                               | ange in accounting period             |  |  |  |  |
|                         | tate in detail why you need the extension <u>ADDITIONAL TIME IS NEEDED TO GATHER</u>                                          |                                       |  |  |  |  |
| <u>I I</u>              | NFORMATION FROM A THIRD PARTY IN ORDER TO PREPARE A COMPLETE AND                                                              |                                       |  |  |  |  |
| <u>A</u> C              | CCURATE TAX RETURN.                                                                                                           |                                       |  |  |  |  |
|                         |                                                                                                                               | <del></del>                           |  |  |  |  |
|                         | this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any                          | 1 1                                   |  |  |  |  |
| _                       | onrefundable credits. See instructions                                                                                        | 8a \$                                 |  |  |  |  |
|                         | this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated                         | 1 1                                   |  |  |  |  |
| ta                      | ex payments made. Include any prior year overpayment allowed as a credit and any amount paid                                  |                                       |  |  |  |  |
| <u>p</u>                | reviously with Form 8868                                                                                                      | 8b \$ NONE                            |  |  |  |  |
| с В                     | alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposi                       | <b>!</b> ]                            |  |  |  |  |
| w                       | oth FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions                       | 8                                     |  |  |  |  |
|                         | Signature and Verification                                                                                                    |                                       |  |  |  |  |
|                         | enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the be | st of my knowledge and belief,        |  |  |  |  |
| ıt ıs true,             | correct, and complete, and that I am authorized to prepare this form                                                          |                                       |  |  |  |  |
|                         |                                                                                                                               | -1.1.                                 |  |  |  |  |
| Signature               | Man A A Title ► CPA D                                                                                                         | ate $\triangleright$ 5 //3 // $\circ$ |  |  |  |  |
|                         | SMITH & HOWARD, P.C.                                                                                                          | Form 8868 (Rev 4-2009)                |  |  |  |  |
|                         | 171 17TH STREET SHITE 900                                                                                                     |                                       |  |  |  |  |

JSA

ATLANTA, GA 30363