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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the 20	09 calendar year, or tax year beginning $10/01$ , 2009, and ending		31 <b>,20</b> 09
Всь	eck if applicable		D Employer identifica	tion number
	Address change	label or Doing Business As	58-1367422	
	Name change	print or Number and street (or P O box if mail is not delivered to street address) Room/su	ite E Telephone number	
	Initial return	type See 3097 EAST SHADOWLAWN AVENUE	(404) 231-90	64
	Terminated	Specific City or town, state or country, and ZIP + 4		
$\vdash$	Amended	tions ATLANTA, GA 30305-2403	G Gross receipts \$	780,682
-	return Application	F Name and address of principal officer TRACEY RUSSELL	H(a) is this a group return f	
L	pending	3097 EAST SHADOWLAWN AVENUE ATLANTA, GA 30305-2403	affiliates?  H(b) Are all affiliates includ	<del></del>
	Tax-exempt		If "No," attach a list (s	
		➤ WWW.ATLANTATRACKCLUB.ORG	H(c) Group exemption num	•
			mation 1964 M State of	
	Form of org		mation 1904 M State of	f legal domicile GP
Pa		ummary		
	1 Brie	fly describe the organization's mission or most significant activities	TIMNECC	
		INSPIRE AND ENGAGE THE COMMUNITY TO ACHIEVE HEALTH AND	FIINESS	
and	TH.	ROUGH RUNNING.	<b>-</b>	
Activities & Governance				
Š	2 Che	ck this box Fig. 1 if the organization discontinued its operations or disposed of more than 25°	% of its net assets	
~5		nber of voting members of the governing body (Part VI, line 1a)	3	15
es	4 Nun	nber of independent voting members of the governing body (Part VI, line 1b)		15
Σ	5 Tota	al number of employees (Part V, line 2a)	5	13
Ä		al number of volunteers (estimate if necessary)	1 - 1	4,000
- 1	7 a Tota	al gross unrelated business revenue from Part VIII, column (C), line 12	7-	1,000
	<b>b</b> Net	unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year *
	8 Con	tributions and grants (Part VIII, line 1h)	855,152.	81,070
Revenue		gram service revenue (Part VIII, line 2g)	2,824,042.	684,106
• ve	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)	-250,258.	5,979
æ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,121.	3,965
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,431,057.	775,120
_			260,054.	17,701
		(Det IV set us (A) les 4)	0.	17,701
		efits paid to or for members (Part IX, column (A), line 4)	828,727.	<u></u>
Expenses		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<del> </del>	239,446
en	16 a Pro	fessional fundraising fees (Part IX, column (A), line 11e)	0.	(
Exp		al fundraising expenses, Part IX, column (D), line 25) 5,299.	0.071.404	500 330
_	<b>17</b> Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,271,404.	592,770
	18 Tota	al expenses Add lines 13-17 (must equal Part   <del>X, column (A), line 25</del> PED:	3,360,185.	849,917
	<b>19</b> Rev	renue less expenses Subtract line 18 from line 12	70,872.	-74,797
or		\2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Beginning of Year	End of Year
sets alar	<b>20</b> Tota	al assets (Part X, line 16)	2,598,841.	2,394,510
As		al habilities (Part X, line 26)	390,562.	259,787
FE	22 Net	assets or fund balances Subtract line 21 from tine 20	2,208,279.	2,134,723
		Signature Block OGDEN		
Pa	21 Tota 22 Net rt II :	al liabilities (Part X, line 26)  assets or fund balances Subtract line 21 from line 20	2,208,279.	2,134, best of my knower has any know
	ere Pro	Signature of officer  Type or print name and title  Exercise   Date  Self- Sel	Date  Preparer's in (see instruct	dentifying number
	یاد ا	nature Multiple A NOV 11 2010 sell-emplo	yed ▶ PC	0746804
•		m's name (or yours SMITH & HOWARD, P. C.	<b>EIN</b> ▶ 58	3-1250486
use		elf-employed), dress, and ZIP+4 171 17TH STREET, SUITE 900 ATLANTA, GA 30363		4-874-6244
Mari		iscuse this return with the preparer shown above? (see instructions)		<u>,                                    </u>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions JSA 9E1010 3 000

Form 990 (2009) \* Current year covers short-

period 10/01/09 - 12/31/09

Form 990 (2009)

Part	IV Checklist of Required Schedules			· <del>-</del> —
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	Ť		
	Schedule C, Part II	4	}	Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u>├</u>		
-	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 similar funds or accounts where donors have	ب		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Λ
•	the environment, historic land areas, or historic structures? If "Yes, "complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u>'</u>		
٠	complete Schedule D. Part III			v
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		Х
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		ĺ	
		_		٠,,
40	complete Schedule D, Part IV	9		X
10	quasi-endowments? If "Yes, "complete Schedule D, Part V			v
		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	100 to 1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, "complete	3	Sign	-3.7.
	Schedule D, Part VI	4. 1	·	٠.,
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			\$ X 6
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	* , '2	~~	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		lary.	7 55 C
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>*</b> -	7.95
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		. °.	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	3		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Trans.	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	2 83	-T. 1	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes, "complete Schedule D, Part X	5.7		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	S 🦃	250	<b>教育</b>
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	77.5%	3	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	" 考	17.75	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		Х
14 a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			1
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			i
	Part VIII, lines 1c and 8a? If "Yes, "complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes, "complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	Х
				-

Part	Checklist of Required Schedules (continued)		_	
0.4	Did the assessment are at the CF 000 of second and allowed the second and assessment as a second assessment as a second as a second assessment as a second as a secon		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21	^	
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del></del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes, "complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	with a disqualified person during the year? If "Yes, "complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			l
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			l
	990-EZ? If "Yes, "complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			l
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1		1
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		v
20	Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 50		<del></del>
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>-</b>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes, "complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
	19? Note All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Part	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			
	U.S. Information Returns Enter -0- if not applicable	,		∳્રે
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	3.	V 193	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ani Aji	. 34	
	Statements, med for the calendar year ending with or within the year covered by this return.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>Х</u>	3 - 1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	D-044	4,5	
2-	instructions)		200	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	X	
	this return?	3b	- X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	- ^	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country	7		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	0{	۶ , <u>٤</u>	
	and Financial Accounts	_ [		, , , , , , , , , , , , , , , , , , ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	10	~##X 1
	Organizations that may receive deductible contributions under section 170(c).		. 1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-41	·	لیند X
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-10		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	; j	j	<b>%</b> 1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	2	,	*
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		-	×
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_ <u>*</u>		
_	organization, have excess business holdings at any time during the year?	8		, 1
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		. 1
10				.
		3	- 1	. 30
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]  Section 501(c)(12) organizations. Enter		- 🏋	
	Gross income from members or shareholders	, [	84	Ì
	Gross income from other sources (Do not net amounts due or paid to other sources against	-	*	~ -
~	amounts due or received from them )		<u>.</u>	<u>.</u> ]
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	180	*.	** %.
		Form	990	(2009)

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 15			1
b	Enter the number of voting members that are independent			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2 500 50	!
	any other officer, director, trustee, or key employee?	2	Х	
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Χ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Χ	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			'
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code )			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	Х	
11 A				,
12a		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	,		-
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?   If "Yes,"			
Ŭ	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	- X	
a b	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	100		<u> </u>
16 a				
, 5 4	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		
	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?	16h		
Sect	tion C. Disclosure	100		<del></del>
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
10	available for public inspection. Indicate how you make these available. Check all that apply	,		
	Own website Another's website X Upon request			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
00	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TRACEY RUSSELL 3097 EAST SHADOWLAWN AVENUE ATLANTA, GA 30305-2403			
	404-231-9064			

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average	(C) Position (check all that apply)						( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
Name and Thic	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRIAN STURGELL										
PRESIDENT	1.00	Х		Х				0.	0	. 0
SHEILA MCINTOSH										
VICE PRESIDENT	1.00	Х		Х				0.	0	0 .
HILARY SILVERBOARD										
SECRETARY	1.00	Х		Χ				0.	0	0.
MARGARET TAYLOR										
TREASURER	1.00	Х		Х				0.	0.	0.
JIM HITE										
DIRECTOR	1.00	Х						0.	0.	0.
STEPHEN JAYARAJ										
DIRECTOR	1.00	Х						Ο.	0.	0.
SUSAN JONES										
DIRECTOR	1.00	Х						0.	0	0.
LAURIE KNOWLES										_
DIRECTOR	1.00	Х						0.	0	0
JILL JINKS										· · · · · · · · · · · · · · · · · · ·
DIRECTOR	1.00	Х						0.	0	0.
MICHAEL POPICK				_						
DIRECTOR	1.00	Х						0.	0	0
BRUCE WHITMER										<u>-</u>
DIRECTOR	1.00	Х					ļ	0.	0	0.
MIKE WIEN			$\Box$			<del>                                     </del>			<u> </u>	
DIRECTOR	1.00	Х						0.	0	0.
CHARLIE CRAWFORD			П		$\vdash$					
DIRECTOR	1.00	X						0.	0	0
MELISSA REYES		<u> </u>			ı	<del>                                     </del>	<b>†</b>			
DIRECTOR	1.00	Х						0.	0	0
KELLY WALSH	<u> </u>	<u> </u>		<u> </u>	_					
DIRECTOR	1.00	X						0.	0	0
TRACEY RUSSELL		<u> </u>	$\vdash$							
EXECUTIVE DIRECTOR	40.00			x				*168,750.	0	22,092.
	1 22.30		ш	<u> </u>		-	ь	1 200, 1001	L	Form 990 (2009)

Form 990 (2009)

` (A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week	Posit Individual trustee or director	Institutional trustee	officer Officer	Key employee	के Highest compensated क employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099-	ation ated itions	Estimated amount of other compensation from the organization and related organizations
										_	
							_				
							•				
							-				
											- 14 2112
1b Total		l		—	·	1	<b></b>	168,750.	<del> </del>	0.	22,092.
Total number of individuals (including but not lim reportable compensation from the organization      Did the organization list any former office)	<u> </u>		1							sated	Yes No
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	ividi	ual							3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	,000	)?	If "Y	es,	" complete Sched	ule J for	such	4 X
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	n fro	m	any unrelated of	rganization	for	5 X
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization	compensat	ed ır	ıdep	end	lent	cont	rac	tors that received	d more th	an \$100	0,000 of
(A) Name and business add	ress							(B) Description of ser	vices	С	(C) compensation
ATTACHMENT 2									,		
								-			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	se I	isted above) who	received		* * *

JSA

art	VIII	Statement of Revenu	ie			58-1367422		Page
	, ·		in the state of th	- <b>4</b>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
,,	1a	Federated campaigns	1a		<b>4</b> ' - '	. 10° 500 %	(De v 🏰 / 1/2)	11 to 15 to 15
lar amounts	b	• •	<u>1b</u>		ia in the	a a a a a a a a a a a a		
٤	c	Fundraising events						
ar a	d	Related organizations	1 1					
Ē	e	Government grants (contribution					**	*****
2	f	All other contributions, gifts, grants,			Art Section .	North Addition		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ŧ۱		and similar amounts not included abo	ove . 1f	81,070				
and other simil	g	Noncash contributions included in lin	nes 1a-1f \$		31 1 18 18 2	**************************************	*	
_	h	Total Add lines 1a-1f			81,070			2 2 386 3
				Business Code		[		
	2a	RACE ENTRY FEES		711300	607,695	607,695		
	b	CLINICS		611600	11,067	11,067		
Ĭ	С	ADVERTISING		541800	1,000		1,000	<del></del>
<u> </u>	d	MEMBERSHIP	<del></del>	813410	38,002	38,002		<u> </u>
Tall	е	TRADE SHOW/CONVENTION	<del></del>	_561920	26,342			26,34
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a-2f			684,106			
_	3	Investment income (including di			004,100		N J. N (	
	•	other similar amounts) AT	TACHMENT	3 ▶	5,979			5, 97
	4	Income from investment of tax-e		L	0		_	
	5	Royalties · · · · · · · ·			0			
			(ı) Real	(II) Personal	The state of			
	6a	Gross Rents		2,132				
1	b	Less rental expenses	0	2,132		200		
1	С	Rental income or (loss)	0			ند. فنششش	المستعمل المستعمد المستعمد	<u> </u>
	d	Net rental income or (loss)			0		0	
	7a	Gross amount from sales of	(i) Securities	(II) Other	وٽ س پير ويد			¥ . }
		assets other than inventory				Life to the second		The same of
	b	Less cost or other basis					364	
ľ		and sales expenses	<del>-</del>			A AF ST. I	.₩	
ļ	C	Gain or (loss)				<u> </u>		
_	d	Net gain or (loss)			) ) )	1978 is	<b>1</b>	· · · · · · · · · · · · · · · · · · ·
<u> </u>	8a	Gross income from fun	_	ł				A. a.
į		events (not including \$				* * * * * * *		
e l		of contributions reported on line	•		to the second			
e	b	See Part IV, line 18 Less direct expenses		1				
Otner Kevenu	C	Net income or (loss) from fundra			0			
ر	9a	Gross income from gaming activ			·	4. 4	E de Mas	
		See Part IV, line 19			, 3 \			1
	b	Less direct expenses	b				· Lie Mara	K-
-	С	Net income or (loss) from gamir		<u> </u>	0			
	10a	Gross sales of inventory				ð. 🚁 🕆		* \$ *
		returns and allowances	a	7,395				#L
	b	Less cost of goods sold					¥	- <del> </del>
-	С	Net income or (loss) from sales			3,965		· · · · · · · · · · · · · · · · · · ·	- V90 V
-		Miscellaneous Revenue		Business Code			*	
	11a							
	b							<del></del>
	C							+
	d	All other revenue Total. Add lines 11a-11d						7 . 9
	е	I otal Addings 11a-11d			0	l	1% * *	1

#### Part IX Statement of Functional Expenses

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

7b,  1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	(A) Total expenses  16,801.  900.  0.  52,986.  0.  147,912.	(B) Program service expenses  16,801.  900.	(C) Management and general expenses	(D) Fundraising expenses
2	organizations in the U S See Part IV, line 21	900. 0. 0. 52,986.	900.	18,545.	5,299.
2 + 3 + 3 + 4 + 5 + 5 + 6 + 7 + 8 + 3 + 3 + 3 + 3 + 3 + 3 + 3 + 3 + 3	Grants and other assistance to individuals in the U.S. See Part IV, line 22	900. 0. 0. 52,986.	900.	18,545.	5,299.
3 4 5 6 7 8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0. 52,986. 0.	29,142.	18,545.	5,299.
4 5 6 7 8	U S See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages  Pension plan contributions (include section 401(k)	0. 52,986. 0.	29,142.	18,545.	5,299.
4 5 6 7 8	Benefits paid to or for members	0. 52,986. 0.	29,142.	18,545.	5,299.
5 (1) 6 (1) 7 (1) 8 (1)	Compensation of current officers, directors, trustees, and key employees	52,986.	29,142.	18,545.	5,299.
6 · · · · · · · · · · · · · · · · · · ·	trustees, and key employees	0.	29,142.	18,545.	5,299.
7 8	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages	0.		·	·
7 8	persons described in section 4958(c)(3)(B)  Other salaries and wages				
7 8	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	147,912.			
;	, , , , , , , , , , , , , , , , , , , ,		110,934.	36,978.	
	and section 403(b) employer contributions) I	17 007	10 445	4 400	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17,927.	13,445.	4,482.	
	Other employee benefits	8,085. 12,536.	6,064. 9,402.	2,021. 3,134.	
	Payroll taxes	12,330.	9,402.	3,134.	
	Fees for services (non-employees)  Management	0.			
	Legal	0.			_
	Accounting	10,926.		10,926.	
	Lobbying	0.			-
	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	89,258.	89,258.		
12	Advertising and promotion	9,369.	9,369.		
	Office expenses	36,844.	27,633.	9,211.	
	Information technology	1,327.		1,327.	
	Royalties	13,300.		13,300.	
	Travel	19,691.	15,753.	3,938.	····
	Payments of travel or entertainment expenses		20,7000	3,200.	
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	4,113.		4,113.	
20	Interest	1,467.		1,467.	
	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	8,904.		8,904.	
23	Insurance	4,846.	4,846.		
	Other expenses Itemize expenses not				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				•
	r-shirts, Gifts & Prizes	153,206.	145,546.	7,660.	
	EQUIPMENT & RENT	122,591.	122,591.		
	MAGAZINE PRODUCTION	31,949.	31,949.		
d C	CLINIC & PROGRAM EXPENSES	30,686.	30,686.		
e C	OTHER RACE EXPENSES	22,520.	22,520.		
f	All other expenses	31,773.	31,563.	210.	
	Total functional expenses Add lines 1 through 24f	849,917.	718,402.	126,216.	5,299.
	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

JSA 9F1052 1 000

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	255,075.	1	1,712,187.
	2	Savings and temporary cash investments	1,900,638.	2	250,948.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,495.	4	17,675.
	5	Receivables from current and former officers, directors, trustees, key	,		E .
		employees, and highest compensated employees Complete Part II of	_		
		Schedule L		5	
	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 of Schedule L		6	•
Assets	7	Notes and loans receivable, net		7	
\ss	8	Inventories for sale or use	4,494.	8	4,494.
•	9	Prepaid expenses and deferred charges	116,741.	9	61,959.
	10 a	Land, buildings, and equipment cost or 10a 808,584.			
		other basis Complete Part VI of Schedule D			·
	b	Less accumulated depreciation	305,423.	10c	344,272.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,975.	15	2,975.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,598,841.	16	2,394,510.
	17	Accounts payable and accrued expenses	66,353.	17	53,316.
	18	Grants payable		18	
	19	Deferred revenue	324,209.	19	187,064.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			***************************************
abi		employees, highest compensated employees, and disqualified			
ت		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH.6.	0.	23	19,407.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities Add lines 17 through 25	390,562.	26	259,787.
		Organizations that follow SFAS 117, check here 🕨 🗓 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	2,208,279.	27	2,134,723.
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	·
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	•
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	2,208,279.	33	2,134,723.
	34	Total liabilities and net assets/fund balances	2,598,841.	34	2,394,510.
					Form 990 (2000)

Form **990** (2009)

Form 990 (2009) Financial Statements and Reporting Part XI Yes No Cash X Accrual Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a **b** Were the organization's financial statements audited by an independent accountant? Χ 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form 990 (2009)

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

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

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

OMB No 1545-0047 Open to Public

	of the Treasury enue Service		► Attach to Form 990 o	or Form 990-l	EZ ►S	ee separat	e instructı	ons		Inspection	
Name of the	he organization	1						Employe	r identificat	on number	
ATLANT	'A TRACK O	CLUB, INC.							58-13	67422	
Part I	Reason fo	or Public Chari	ty Status (All organi	zations mi	ust compl	ete this p	oart ) Se	e instruc	tions		_
The orga	nization is not	t a private founda	tion because it is (For	lines 1 thro	ugh 11, ch	eck only o	ne box )			<del></del>	
1 🔲	A church, co	nvention of churc	ches, or association of	churches de	escribed in	section	n 170(b)(	1)(A)(i).			
2	A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedu	ıle E)						
3 🔲	A hospital or	r a cooperative ho	ospital service organiza	ition describ	oed in se	ction 170	(b)(1)(A)(	iii).			
4	A medical	research organiz	ation operated in coi	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)(	A)(iii). Enter th	16
	hospital's na	ame, city, and sta	ite								_
5	An organiza	ition operated fo	or the benefit of a coll	lege or uni	versity ow	ned or o	perated I	by a gove	rnmental	unit described	If
_	section 170	(b)(1)(A)(iv). (Co	omplete Part II)								
6	A federal, st	ate, or local gove	rnment or government	al unit desci	ribed in	section 17	70(b)(1)(A	۱)(۷).			
7 X	An organiza	ition that normal	ly receives a substant	tial part of	its support	from a q	governme	ental unit	or from the	ne general publ	lıc
	described in	section 170(b)(	1)(A)(vi). (Complete P	Part II)							
8			in section 170(b)(1)(A		•	•					
9	•		ly receives (1) more t						•	•	
	-		ted to its exempt fund								
	• •	*	nent income and uni						511 tax)	from business	e
		•	after June 30, 1975					•			
10	Ū	J	d operated exclusively	•		•					
11	_		and operated exclusi	-		•				•	
		•	ublicly supported orga					•	•		)[
			at describes the type o		- •		· ·				
•	a Typ	- · ·			e III - Func	=	-			pe III - Other	
e	-		rtify that the organization managers and other								
		section 509(a)(2		ei tilali On	e or more	publicly s	supported	Ulyaniza	anons des	scribed iii seciid	И
f			-) a written determinat	ion from t	he IRS tha	atıtısa	Type I I	Evne II o	r Tyne III	supporting	
•	-							, ypc 11, 0	i type iii	Supporting	٦
g	Since Augus	st 17 2006 has t	he organization accept	ed anv gift o	 or contribut	on from a	 inv of the				۷
9	following pe		no organization accept	ou a, g			, 00				
			or indirectly controls,	either ald	one or tog	ether wit	h persor	ns describ	ed in (ii)	Yes N	0
		=	rning body of the supr		_				(,	11g(ı)	_
			rson described in (i) ab	11g(II)	_						
			of a person described in		bove?					11g(ni)	_
h	Provide the	following informa	tion about the supporte	ed organizat	tion(s)					· · · · · · · · · · · · · · · · · · ·	_
(i) Name	of supported	(II) EIN	(ıiı) Type of organization			(v) Did y			s the	(vii) Amount of	
orga	anization		(described on lines 1-9 above or IRC section	in col (i) lis governing o			ization in of your	organizat	ion in col	support	
			(see instructions))	goroming	20001110111		oort?		S ?		
				Yes	No	Yes	No	Yes	No		_
							1	1			
								<u> </u>			_
								Ì			
					<del>,</del>	<u> </u>					
								}			
			<u> </u>			<u> </u>		ļ			_
											_
Total											

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

Schedule A (Form 990 or 990-EZ) 2009

、 Sched	dule A (Form 990 or 990-EZ) 2009			58	-1367422		Page
Pai		rganizations D cked the box or	escribed in S	Sections 170(I	b)(1)(A)(iv) a	nd 170(b)(1)(A	
Sec	tion A. Public Support			-			_
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	547,482	636, 362	639,165	855,152	81,070	2,759,231
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			,			
4	Total Add lines 1 through 3	547,482	636, 362	639,165	855,152	81,070	2,759,231
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	President all party	(A) (M) (A) (A)				1,385,359
6	Public support. Subtract line 5 from line 4	(Ta) 45	藏 ( 第 33 )		मा केल्क्टिएंट की		1,373,872
_	tion B. Total Support					1 2	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	547,482	636,362	639,165	855,152	81,070	2,759,231
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	}	63,455	65,396	30,037	. 5,979	221,355
9	Net income from unrelated business activities, whether or not the business is regularly carried on	<b>;</b>					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5					
11	Total support Add lines 7 through 10	**				3 4	2,980,586
12	Gross receipts from related activities, etc. (s	see instructions)				12	10,411,654
13	First five years. If the Form 990 is						
500	organization, check this box and stop here			· · · · · · · · · ·		<del> </del>	
	Public support percentage for 2009 (lin	<u> </u>		column (f\)		14	46.09 %
14 15	Public support percentage for 2009 (iiii  Public support percentage from 2008 S		•				45.18 %
	33 1/3 % support test - 2009. If the						
iva	this box and stop here. The organizat	-					
h	33 1/3 % support test - 2008. If the						
~	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test	•	• •				
	or more, and if the organization m						
	Part IV how the organization meets					-	•
	organization						▶ □
b	10%-facts-and-circumstances test -	2008. If the or	ganization did r	not check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the org	anization meets	s the "tacts-and	a-circumstances	test, check t	nis box and <b>st</b>	op nere.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009		<u>.                                    </u>		3-1367422		Page
Part III Support Schedule for Organ						
(Complete only if you checke	a the box on	line 9 of Part I	<u>)                                    </u>			
Section A. Public Support		<del> </del>	T	T		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and					ŀ	
membership fees received (Do not include						
any "unusual grants ")		<u> </u>				
2 Gross receipts from admissions, merchandise						
sold or services performed, or facilities		ļ				
furnished in any activity that is related to the				1	}	
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an						
unrelated trade or business under section 513						
4 Tax revenues levied for the organization's						
benefit and either paid to or expended on						
its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the						
organization without charge			]			
6 Total. Add lines 1 through 5		1				
		<del> -</del>				
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3	-			•		
received from other than disqualified						
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13			İ			
for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from						
line 6)			<u></u>			
Section B. Total Support		T				· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends,						
payments received on securities loans, rents, royalties and income from similar					}	
sources						
b Unrelated business taxable income (less					·	
section 511 taxes) from businesses					<u> </u>	
acquired after June 30, 1975					Į.	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on		}				
12 Other income Do not include gain or						
loss from the sale of capital assets						
(Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11,			·			

Sec	tion C. Compu	itatio	n of Pi	ubli	c Si	ınno	rt F	Percentag	<u> </u>														
	organization, chec	k this b	oox and	stop	her	e	<u></u>	<u> </u>						<u></u> .						<u> </u>		▶	
14	First five years	If the	Form	990	is fo	or the	or	rganization's	first,	second,	third,	fourth,	or	fifth	tax	year	as	a s	section	501(	(c)(3)		

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%						
16	Public support percentage from 2008 Schedule A, Part III, line 15	16		%						
Sec	Section D. Computation of Investment Income Percentage									
47	Investment userma percentage for 2000 /line 100 column (6 divided by line 12 column (6)	47		0/						

	17	is not	more	than	33	1/3 %	, check	k this	box	and	stop	here	The	organiza	ation	qualifies	as a	publicly	supported	organization		L
b	33	1/3 %	suppoi	t test	s - 2	2008	If the	organi	zation	dıd	not cl	heck	a box	on line	14 or	line 19a	a, and	line 16	is more tha	n 331/3 %, and	d	
	line	18 is	not n	nore t	han	33 1/3	%, che	eck the	is box	x and	stop	her	e The	e organiz	ation	qualifies	as a	publicly	supported	organization	$\blacktriangleright$	Ľ

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

Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions

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

Department of the Treasury

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Inten	nal Revenue Service	Attach to F	orm 990. See separate instructions.	Inspection
Nam	e of the organization			Employer identification number
ATI	LANTA TRACK C			58-1367422
Pa	rt I Organiz the orga	ations Maintaining Donor Adv nızatıon answered "Yes" to For	ised Funds or Other Similar Funds m 990, Part IV, line 6	or AccountsComplete if
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	end of year		
2		butions to (during year)		
3		from (during year)		
4		at end of year		
5			risors in writing that the assets held in don-	or advised
	-		organization's exclusive legal control?	1 1 1
6	Did the organizat	ion inform all grantees, donors, and	donor advisors in writing that grant funds	can be
			nefit of the donor or donor advisor, or for a	
	purpose conferrir	ig impermissible private benefit?	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Pa			the organization answered "Yes" to F	Form 990, Part IV, line 7
1	Purpose(s) of cor	nservation easements held by the o	rganization (check all that apply)	
	Preservatio	n of land for public use (e g , recrea	· · · · · · · · · · · · · · · · · · ·	of an historically important land area
		of natural habitat	Preservation	of a certified historic structure
		n of open space		
2			d a qualified conservation contribution in the	ne form of a conservation
	easement on the	last day of the tax year		Held at the End of the Year
	<b>-</b>			
а				
b	-	-	toric structure included in (a)	
C		ervation easements included in (c) a	storic structure included in (a)	
d 3			erred, released, extinguished, or terminate	
,		ervation easements modified, transit	stred, released, extinguished, or terminate	to by the organization during
4	•	where property subject to conserva	ation easement is located.	
5			g the periodic monitoring, inspection, hand	dling of
•		nforcement of the conservation ease		
6	·		pecting, and enforcing conservation easen	
•	<b>&gt;</b>	or means actioned to memoring, may	yeemig, and emerening contest taken cases.	neme daming the year
7	Amount of expen	 ises incurred in monitoring, inspective	ng, and enforcing conservation easements	s during the year
	►s		<u> </u>	<b>3</b> ,
8			2(d) above satisfy the requirements of sec	ction
	170(h)(4)(B)(ı) ar	າd 170(h)(4)(B)(າ)?		Yes No
9	In Part XIV, desc	ribe how the organization reports or	onservation easements in its revenue and	expense statement, and
	balance sheet, a	nd include, if applicable, the text of f	the footnote to the organization's financial	statements that describes
		s accounting for conservation easer		
Pa			s of Art, Historical Treasures, or Otl "Yes" to Form 990, Part IV, line 8	her Similar Assets.
			<del></del>	
1a	If the organization	on elected, as permitted under S	SFAS 116, not to report in its revenue ld for public exhibition, education, or re nancial statements that describes these	statement and balance sheet works o
	provide, in Part	(IV, the text of the footnote to its fi	nancial statements that describes these	items
b	If the organization	on elected, as permitted under S	SFAS 116, to report in its revenue state	ement and balance sheet works of art
			for public exhibition, education, or res	search in furtherance of public service
		wing amounts relating to these iter		▶ ¢
•	· ·	·		
2	~		rt, historical treasures, or other similar	assets for ilitaticial gain, provide the
•		its required to be reported under S	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$
a b				
U	, wasers illuluded t	m om ood, rait A		

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

Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ng Colle	ctions	of Art, Hist	orical	Treasure	s, or	Other Similar /	Assets(c	continue	ed)
	•										
3	Using the organization's acquisition		on, and o	ther records	, check	k any of the	follov	ving that are a sig	nificant us	se of its	
	collection items (check all that apply	<b>'</b> )			_						
а	Public exhibition			d _		Loan or ex	chang	je programs			
b	Scholarly research			е		Other					_
С	Preservation for future ger	nerations									
4	Provide a description of the organization	ation's co	ollections	and explain	how th	ney further t	he or	ganızatıon's exem	pt purpos	e in	
	Part XIV										
5	During the year, did the organization	n solici it d	or receive	donations o	f art, h	istorical tre	asure	s, or other similar			
	assets to be sold to raise funds rath								[	Yes	No
Par	t IV Escrow and Custodial A	rrangen	nents.C	omplete if t	he or	ganization	ansv	wered "Yes" to F	orm 99	0. Part	
	IV, line 9, or reported an									•	
1a	Is the organization an agent, trustee	custo di	an or oth	er intermedi	ary for	contribution	ns or e	other assets not			
	included on Form 990, Part X?								Г	Yes	No
b	If "Yes," explain the arrangement in										
~	ii 100, Oxpiaii iio airangomeni iii		aa 00	p.010 1.10 101.	Jg		ГТ	A	mount		
С	Beginning balance						10	, ,			
d	Additions during the year						-	<del></del>			
e	Distributions during the year						-	<del></del>			
f	Ending balance										
	Did the organization include an amo									Yes	No
	If "Yes," explain the arrangement in			, Fait A, iiile	211				· · · · L	res	NO
						/aa!! ta Fa	O	OO Dort IV line	10		
Par	t V Endowment Funds. Con									(a) Fa	
10	Paginning of year halance	(a) Curre	ent rear	(b) Prior y	ear	(c) Two ye	ars ba	ck (d) Three yea	irs back	(e) rou	years back
_	Beginning of year balance	<u> </u>				<del></del>					
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs										
f	Administrative expenses						_				
g	End of year balance	<u> </u>				<u></u>					
2	Provide the estimated percentage of	f the y ea	r end bal	lance held as	3						
а	Board designated or quasi-endowm	ent ▶_		%							
b	Permanent endowment	%									
С	Term endowment ▶	%									
3a	Are there endowment funds not in t	he pos s	ession of	the organiza	ation th	at are held	and a	dministered for th	е		
	organization by									[	Yes No
	(i) unrelated organizations									3a(ı)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related organized	anızatı on	s listed a	s required or	Sche	dule R? .				3b	
4	Describe in Part XIV the intended u	ses of the	e organız	ation's endo	wment	funds				<u> </u>	· ·
Par	t VI Investments - Land, Bu	ildings, a	and Equ	ipment.Se	e Forn	n 990, Pai	rt X, I	ine 10			
	Description of investment		(a) Cost	or other basis restment)	(b	) Cost or other basis (other)		(c) Accumulated depreciation	(c	i) Book va	lue
1a	Land				†	40,4	80.				10,480.
b	Buildings				1	449,3		202,722.			16,605.
c	Leasehold improvements		-		+	, 5,	<del></del>			٤.	,
d	Equipment			_	+	305,8	54	249,026.			56,828.
e	Other				+	12,9		12,564		<del></del> `	359.
	II. Add lines 1a through 1e (Column		ogual Ea	rm 000 Dod	Y 001					3,	359.
TOLA	ii. Add lines ta tillough le (Column	(u) must	equal FO	iiii 330, FdIl	A, CUI	umi (D), IIII	0 10(	<i>-</i> ///			m 990) 2009

Part VII Investments - Other Securities. See	e Form 990, Part X, lin	e 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	n t value
Financial derivatives			
Closely-held equity interests			
Other			
		<del> </del>	
	<del></del>		<del></del>
		+	
		+	
		_	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII Investments - Program Related. Se	e Form 990. Part X. lir	ne 13	
(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	n et value
			·
		+	
Total (Column (h) must acqual Form 000, Part V, col. (P) line 12.)	<b>&gt;</b>	+	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. See Form 990, Part X	*	<u> </u>	
Tare IX Other Assets: Occ Form 600; Fare	(a) Description		(b) Book value
			,
			· · · ·
Total (Column (b) must equal Form 990, Part X, col (B) line 15) .			
Part X Other Liabilities. See Form 990, Par			
1. (a) Description of liability	(b) Amount		
Federal income taxes	(5) 1110 2111	-  ·	. 💖
		<b>1</b>	
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		╣	
			, 348 1, 1,
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶		i

2. FIN 48 Footnote 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

58-1367422 Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 6 7 7 Other (Describe in Part XIV ) 8 Excess or (deficit) for the year per audited 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 Amounts included on line 1 but not on Form 990. Part VIII, line 12 2 Net unrealized gains on investments 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4c Total revenue Add lines 3 and 4c. (This must 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 2a b 2b Other losses . . . . С 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Amounts included on Form 990. Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must 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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

#### SCHEDULE I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22

▶ Attach to Form 990

2009 Open to Public Inspection

Schedule I (Form 990) 2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identificati	on number
ATLANTA TRACK CLUB, INC.						58-1367422	
Part I General Information on Grants	and Assista	nce					
Does the organization maintain records to the selection cntena used to award the gra     Describe in Part IV the organization's proc	ants or assistan	ce?			, ,		X Yes No
Part II Grants and Other Assistance t Form 990, Part IV, line 21, for an Part IV and Schedule I-1 (Form	ny recipient th	at received m	ore than \$5,000 C	Check this box if no	plete if the organization one recipient rece	ation answered "Ye eived more than \$5	es" to ,000 Use
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	-	organizations				ځ	

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

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Schedule I (I	Form 990) 2009			58-1367422			Page 2
Part III	Grants and Other Assistance to Use Part IV and Schedule I-1 (Fo				organization answered	'Yes" on Form 990, Part IV, line 22	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal, other)	(f) Description of non-cash assistance	
·							
Part IV	Supplemental Information Com	plete this part to	provide the info	rmation required	in Part I, line 2, and any o	other additional information	
PART I	, LINE 2				<b></b>		<b>-</b>
ALL PA	YMENTS ARE REVIEWED FOR EL	IGIBILITY AND	APPROVED BY	THE EXECUTI	VE		
DIRECT	OR, AND IN ADDITION, CERTA	IN LARGE PAYM	ENTS ARE ALS	O APPROVED B	Y		<b>-</b> -
THE BO	ARD OF DIRECTORS						
ALL PA	YMENTS MADE TO INDIVIDUALS	AND ORGANIZA	TIONS ARE RE	ECORDED			
INDIAI	DUALLY IN THE FINANCIAL RE	CORDS OF THE	ATLANTA TRAC	CK_CLUB, AND_			<b>-</b>
REPORT	ED IN THE FINANCIAL STATEM	ENTS (INCLUDI	NG A COMPART	ISON TO APPRO	VED		
BUDGET	S) THESE FINANCIAL STATEM	ENTS ARE REVI	EWED ON A MO	ONTHLY BASIS	<u>BY</u>		
	ARD_OF_DIRECTORS						

Schedule I (Form 990) 2009

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

Department of the Treasury

Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name	of the organization	Employer identification num	nber	
ATL	ANTA TRACK CLUB, INC.	58-1367422		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person lie	sted in Form		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the	ese items		
	First-class or charter travel Housing allowance or residence for pe	ersonal use		
	Travel for companions Payments for business use of personal	al residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation	fees		
	Discretionary spending account Personal services (e.g., maid, chauffe	eur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payl or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	ment		
	explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			١.
	organization's CEO/Executive Director Check all that apply			1.
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation	on committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the organization or a related organization	filing		
а	Receive a severance payment or change-of-control payment?		-	х
a h				$\frac{1}{x}$
	Participate in, or receive payment from, an equity-based compensation arrangement?	· · · · · · · · · · · · · · · ·	-	X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each ite		+-	+ ^ ^
	ii les to any of lines 4a-c, list the persons and provide the applicable amounts for each lit	em m rant m		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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		.	
а	The organization?			Х
b			<u></u>	Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	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	_	_	
а	The organization?	6a		Х
b	Any related organization?			X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fi	ixed		1
	payments not described in lines 5 and 6? If "Yes," describe in Part III		Х	
8	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," described in Regs section 53 4958-4(a)(3)?	I		
	ın Part III			Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described	ın		
	Populations section 52 4059 6/o/2	. ا		1

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

Schedule J (Form 990) 2009

#### 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) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(1)	162,000	6,750	0	16,200	6,468	191,418	
RACEY RUSSELL	(11)		0.	0	0	0.	0	
	(1)							
	(11)							
	(1)	L						
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Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009	58-1367422	Page 3
Part III Supplemental Information  Complete this part to provide the information, for any additional information	explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8	Also complete this part
PART I, LINE 7		· <b></b>
ALL EMPLOYEES RECEIVED A BONUS EQU	IVALENT TO ONE PAY PERIOD'S SALARY.	
		Schedule J (Form 990) 2009

80107

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#### SCHEDULE Q (Form 990)

## **Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ATLANTA TRACK CLUB, INC

Employer identification number

58-1367422

ATTACHMENT 1

FORM 990, PART VI, SECTION A, LINE 2

LAURIE KNOWLES AND BRIAN STURGELL - FAMILY AND BUSINESS RELATIONSHIP

CHARLIE CRAWFORD AND JILL JINKS - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6

MEMBERSHIP DUES ARE PAID ON AN ANNUAL BASIS AND ARE AS FOLLOWS:

BASIC MEMBERSHIP AT \$ 20

INDIVIDUAL MEMBERSHIP AT \$ 35

DUAL MEMBERSHIP AT \$ 50

FAMILY MEMBERSHIP AT \$ 60

FORM 990, PART VI, SECTION A, LINE 6, 7A AND 7B

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ATC. A BALLOT IS

MAILED TO ALL MEMBERS WHO ARE ENTITLED TO VOTE FOR A SLATE OF DIRECTORS

PURPOSED BY THE NOMINATING COMMITTEE ON BEHALF OF THE BOARD. INDIVIDUAL

MEMBERS ARE ALLOWED ONE VOTE, DUAL AND FAMILY MEMBERS ARE ALLOWED TWO

VOTES.

MEMBERS MUST APPROVE THE DECISIONS OF THE BOARD REGARDING CHANGES IN BY-LAWS.

Page 2

Name of the organization

ATLANTA TRACK CLUB, INC.

Employer identification number

58-1367422

ATTACHMENT 1\_(CONT'D)

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

AFTER A THOROUGH REVIEW BY THE FINANCE COMMITTEE, A COPY OF THE FINAL DRAFT 990 IS SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW.

AFTER THE REVIEW PROCESS, THE 990 IS FINALIZED AND FILED WITH THE IRS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS BOARD OF DIRECTORS,

FULL AND PART-TIME EMPLOYEES, AND COMMITTEE MEMBERS OF THE ATC WITH

BOARD-DELEGATED GOVERNING POWERS. EACH AFFECTED INDIVIDUAL MUST SIGN A

DISCLOSURE STATEMENT ON A MINIMUM OF AN ANNUAL BASIS AND AN AMENDMENT

WHENEVER A CONFLICT ARISES. THE GOVERNANCE COMMITTEE SERVES AS THE REVIEW

COMMITTEE TO DETERMINE WHETHER CONFLICTS EXIST WITH RESPECT TO THE BOARD

MEMBERS AND COMMITTEE MEMBERS. THE EXECUTIVE DIRECTOR SERVES AS THE

REVIEWER FOR THE EMPLOYEES. IF A CONFLICT ARISES, IT'S EXAMINED PROMPTLY

AND SAID PERSON WILL BE PROHIBITED FROM PARTICIPATING IN THE GOVERNING

BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION WHERE THE CONFLICT

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. 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

USED GOING FORWARD.

EXISTS.

Schedule O (Form 990) 2009

Page 2

Name of the organization ATLANTA TRACK CLUB, INC.

Employer identification number

58-1367422

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, SECTION B, LINE 19

INFORMATION IS AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 2B

ATC HAS CHANGED THEIR YEAR END FROM SEPTEMBER 30 TO DECEMBER 31 STARTING IN 2009. AN AUDIT WAS PERFORMED FOR CALENDAR YEAR 2009; HOWEVER, A SEPARATE AUDIT WAS NOT COMPLETED FOR THE PERIOD COVERED BY THIS RETURN (BEGINNING OCTOBER 1, 2009 AND ENDING DECEMBER 31, 2009). AN AUDIT WILL BE PERFORMED FOR ALL FUTURE CALENDAR YEAR ENDS.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST N	ATTACHMI	ENT 2
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COTTON GRAPHICS 5600 NEW PEACHTREE ROAD ATLANTA, GA 30341	T-SHIRT PRINTING	277,560.
NEW SOUTH PUBLISHING 450 NORTHRIDGE PARKWAY, STE 202 ATLANTA, GA 30350	PUBLISHING	176,911.
EVENT MARKETING AND MANAGEMENT INT'L 1013 MONTANA ST ORLANDO, FL 32803	EVENT TIMING	152,776.
TOTAL COMPENSATION		607,247.
FORM 990, PART VIII - INVESTMENT INCOME	<u>ATTACHMI</u>	ENT 3

TLANTA TRACK CLUB, INC.					
		<del></del> -	58-1367422		
DRM 990, PART VIII - INVESTMENT INC	OME		ATTACHMENT 3 (	CONT (D)	
	(A)	(B)	(C)	(D)	
	TOTAL	RELATED OR	UNRELATED	EXCLUDE	
ESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE	
<del></del>				,	
VIDEND INCOME	1,535			1,535	
TEREST INCOME	4,444			4,444	
TOTALS	5,979			5,979_	
		AS	TTACHMENT 4		
DRM 990, PART X - PREPAID EXPENSES	AND DEFERRED	CHARGES			
			ENDING		
ESCRIPTION_			BOOK VALUE	<u>.                                    </u>	
REPAID EXPENSES			61,959.		
TOTALS	5		61,959.		
ORM 990, PART X - DEFERRED RI	EVENUE	AT	TACHMENT 5		
			ENDING		
ESCRIPTION_			BOOK VALUE		
DEFERRED REVENUE			187,064.		
TOTALS			187,064.		
DRM 990, PART X - SECURED MORTGAGES ENDER: TOSHIBA BUSINESS SOLU RIGINAL AMOUNT: 19,779	TIONS	'AYABLE	ATTACHMENT 6		
				•	
EGINNING BALANCE DUE NDING BALANCE DUE				0. 19,407.	

JSA

Scriedule O (FOITH \$40) 2005	Page Z
Name of the organization	Employer identification number
ATLANTA TRACK CLUB, INC.	58-1367422
TOTAL DECENSIVE MODERAGES AND OTHER MODERAGES AND DECENSIVE MODERAGES.	ATTACHMENT 6 (CONT'D)
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	
TOTAL FUDING MORTGAGES AND OTHER MOTES DAVABLE	19 407

## RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
EQUIPMENT	2,132.		2,132.	
TOTALS	2,132.		2,132.	

ATLANTA TRACK CLUB, INC 58-1367422

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD -MINUS BEGINNING SALARIES ENDING COST OF DESCRIPTION GROSS SALES INVENTORY PURCHASES AND WAGES OTHER COSTS INVENTORY GOODS SOLD MERCHANDISE 7,395 3,430 3,430 3,430. TOTALS 7, 395. 3,430.

## Form **886**

(Rev April 2009)

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

OMBN	0 1545-1/0

Internal Revenue S		► File a separate application for each return.					
		Automatic 3-Month Extension, complete only Part I and check this box		▶ X			
		Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	2 of this form				
Do not comple	Do not complete Part II unlessou have already been granted an automatic 3-month extension on a previously filed Form 8868						
		Month Extension of Time. Only submit original (no copies needed)					
		file Form 990-T and requesting an automatic 6-month extension - check this box at		. —			
Part I only		,		▶ ∟			
All other com	orations	including 1120-C filers), partnerships, REMICs, and trusts must use Form 70	004 to reque	st an extension o			
time to file inco							
		Generally, you can electronically file Form 8868 if you want a 3-month auto	matic extens	sion of time to fil			
one of the ref	turne not	ed below (6 months for a corporation required to file Form 990-T) However	er vou canno	ot file Form 8868			
electronically i	f (1) vou	want the additional (not automatic) 3-month extension or (2) you file Forms	990-BL 6069	or 8870, grou			
returns, or a co	omposite	or consolidated From 990-T Instead, you must submit the fully completed and	signed page	2 (Part II) of Forr			
8868 For more	e details	on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	harities & Nor	nprofits			
Type or	Name of	Exempt Organization	Employer ide	ntification number			
print		LANTA TRACK CLUB, INC.	58-136				
Print		street, and room or suite no. If a P.O. box, see instructions					
File by the							
due date for filing your		97 EAST SHADOWLAWN AVENUE					
return See	,,	n or post office, state, and ZIP code. For a foreign address, see instructions					
instructions		LANTA, GA 30305-2403					
Check type of	f return to	be filed (file a separate application for each return)					
X Form 990	)	Form 990-T (corporation)	m 4720				
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) trust) Form	m 5227				
Form 990	-EZ	Form 990-T (trust other than above)	m 6069				
Form 990	-PF	Form 1041-A Form	m 8870				
			<u>_</u>				
The books	are in the	care of ► TRACEY RUSSELL					
• THE BOOKS	uicc			_			
Tolonhono	No b	404 231-9064 FAX No ▶					
retephone	NO -	1ANIO -	-	_			
a If the ergon	uzatian da	es not have an office or place of business in the United States, check this box		▶ [			
		Return, enter the organization's four digit Group Exemption Number (GEN)		If this is			
			<del></del>				
for the whole	group, che	ck this box →    If it is for part of the group, check this box → . ▶ □ an	id attach a lis	st with the			
names and EIN	<u>ls of all m</u>	embers the extension will cover					
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time							
until $\frac{08/15}{2010}$ , to file the exempt organization return for the organization named above. The extension is							
for the organization's return for							
	_						
▶ ∐	calendar						
<b>▶</b> X	tax year	beginning 10/01, 2009, and ending	12/31, 2	2009_			
			_				
2 If this tax	year is fo	r less than 12 months, check reason Initial return Final return X	Change in a	accounting period			
	•						
3a If this ac	polication	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any				
	-	dits See instructions		3a   \$			
		is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p					
		prior year overpayment allowed as a credit		3b \$ 0			
Delenee	Due Sub	tract line 3b from line 3a Include your payment with this form, or, if required,		, U V			
C Dalance	Due. Suc	tract line 35 from line 34 include your payment with this form, or, in required,	m) See				
		or, if required, by using EFTPS (Electronic Federal Tax Payment Syste		<del>,  </del> •			
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 Ad	ct and Pa	perwork Reduction Act Notice, see Instructions.	For	rm <b>8868</b> (Rev 4-2009			

Form 886	868 (Rev 4-2009)				Page 2
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	neck this box			► X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previ				
	/ou 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	nal (no copies	ne	eded)	
	Name of Exampt Organization Em	ployer identification			
Type or Description Type Clark Type Type					
print	Number street and room or suite no. If a P.O. box see instructions.				
File by extende	ded 3097 FAST SHADOWLAWN AVENUE				
due dat	the City, town or post office, state, and ZIP code. For a foreign address, see instructions				
retum :	See				
	k type of return to be filed (File a separate application for each return)				
X		m 1041- A		Form 6	069
$\vdash$	F-1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m 4720	H	Form 8	
H	- 1 0 m 300 5 2 m 100 (a) or 100 (a) or 100 (a)	m 5227	ш		•. •
STOP	Pl Do not complete Part II if you were not already granted an automatic 3-month extension		v file	ed Form	1 8868.
	e books are in the care of   TRACEY RUSSELL		,		
	lephone No ▶ 404 231-9064 FAX No ▶		_		
	he organization does not have an office or place of business in the United States, check this box		_		
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this	٠.		
	whole group, check this box	and attach a			
	ith the names and EINs of all members the extension is for				
	I request an additional 3-month extension of time until 11/15/2010	<del></del>			
	For calendar year, or other tax year beginning 10/01/2009 and ending	12/31/200	9		
	If this tax year is for less than 12 months, check reason Initial return Final return	X Change in		ounting	period
	State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHE			Junung	poriod
	IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.				
;	THE ORDER TO TREETING IT CONTROL THAT INCOME THE RELEASE.				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax	less any	1		
	nonrefundable credits. See instructions	8a	<b>s</b>		
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		+		
	tax payments made Include any prior year overpayment allowed as a credit and any am				
	previously with Form 8868		\$		0.
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if require		+		
	with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System) See in		:   \$		
	Signature and Verification	istructions   oc	- ΙΨ		
Linder	penalties of penury, I declare that I have examined this form, including accompanying schedules and statements, are	nd to the hest of m	v kno	wledne s	and helief
	ue, correct, and complete, and that I am authorized to prepare this form	id to the boot of in	,	mougo u	na bollot,
Cianati	ure Maria A A Title CA	Date ▶	(	2/5	110
Signatu			QQ	68 (Rev	4 2000
	SMITH & HOWARD, P.C.	FO	00	vev, rev	4-2009)
	171 17TH STREET, SUITE 900				