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# 990-EZ

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

2009

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

**Open to Public** Inspection

Department of the Treasury ernal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. , 20 A For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable use IRS label or Address change Name change er and street (or P.O. box. if mai orint o Initial return type. Terminated Specific F Group Exemption Amended return Number ▶ Application pending G Accounting Method: Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is not aulfwinds. ora required to attach Schedule B (Form 990, I Website: ▶ J Tax-exempt status (check only one) - 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF). K Check D If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received . . . . 2 Program service revenue including government fees and contracts 2 Membership dues and assessments . . . . 3 3 4 4 5a Gross amount from sale of assets other than inventory 58 Less: cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ 10,219 6a **6b** b Less: direct expenses other than fundraising expenses 233 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances . . . . . 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c SCANNED JUN 16 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 10 280 11 11 Benefits paid to or for members . . . . . . Salaries, other compensation, and employee benefits . . . 12 12 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping. 16 16 Other expenses (describe > 17 Total expenses. Add lines 10 through 16 . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with ίŷ end-of-year figure reported on prior year's return) . . . . . . . . 19 ĕ 20 Other changes in net assets or fund balances (attach explanation) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions for Part II.) (A) Beginning of year (B) End o Cash, savings, and investments . . . . . . 22 23 23 24 24 Other assets (describe ▶ 25 25 Total assets . . . . 26 26 Total liabilities (describe ▶ OI Net assets or fund balances (line 27 of column (B) must agree with line 21) Form **990-EZ** (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421

Par						Expenses
Wha	t is the organization's primary exempt purpose? ${\cal E}$	ducate d promote	fitness Thre	Ugh PUMAIA	Requ	ilred for section )(3) and 501(c)(4)
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise \		izations and section
	ner, describe the services provided, the number of program title.	t persons benefited, and c	other relevant into	mation for	4947( for ot	a)(1) trusts; optional
	7 . 4	1 / 4	haala	0	107 00	ners.)
28	Races: Put on 14 road races 9	Lo Summer Tra	ck meers.	Apprex.		
	19,500 participants. Movide	ed equipment, u	D.CEUTER.			
	_U_U_K_X	includes foreign grants, che	eck here	. • 🗆	28a	72 887
29		groups and	3 beginni	10		767 CC
		500 participa				
	racina team for 3 races	7	-,			
		includes foreign grants, che	eck here	. ▶ 🗆	29a	1,064
30	Newsletter / Lectures : Publis	shed // newsle	tters and			,
	held 5 lectures					
					.	0011
		includes foreign grants, cho	eck nere	. 🏲 🗀	30a	1,010
31	Other program services (attach schedule) (Grants \$ ) If this amount	includes foreign grants, che		. □	31a	_
32	Total program service expenses (add lines 28a t	hrough 31a)	· · · · ·	· · ·	32	03.B23
Par		Employees. List each one ev		ted. (See the		ctions for Part IV.)
		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ns to	(e) Expense
	(a) Name and address	devoted to position	enter -0)	deferred comper	sation	other allowances
	C 01:					
	Gene Opheim	T. 0-6	- 0 -	`	_	
	2590 Pine Ridge Koad	reasurer				
	lallangesee, FL 32308	10		1		
	,					
	Bill Lott	.1 0 1 1		- 6	_	,
	476 Forest Green DR.	Vice President	· 0 -			$\mathcal{O}^{-}$
	Tallahassee, FL 32308	160				
	nil.			<del></del>		
	Judy Hexander	President	-0 -	· (C)	-	- 0 -
	Tollahassee FL 32312	) ICSIONAL				
	10//ahassey 1	110				
		· · · · · · · · · · · · · · · · · · ·				
	Jackie McDaniel 1013 Lothian DR. Jallohassee, FL 32312		-0 -	- 1	_	-10 -
	1013 Lothian UR.	Secretary				
	10/10/1955ee, FL 32312	7				
						<del></del>
			·	<del></del>		

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	<u>No</u>
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<u>/</u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
35	if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			/
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	1		
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
700	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>~</u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		L
41	List the states with which a copy of this return is filed. ▶			
<b>42</b> a	The organization's books are in care of ▶ GENE OPHEIM Telephone no. ▶ 850			IB)
	Located at ► 2590 Pine Ridge Road, Tallahassee, FL ZIP+4 ► 32	301	3	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Val	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420	+	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
-	If "Yes," enter the name of the foreign country: ▶		·	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. >	• 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u></u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
			-F7	

Page	4

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt char ad 51.	exempt charitab itable trusts mus	ele trusts only. A st answer questio	ll sec ns 46	tion 3-49t	)
46	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete s				46		
47	Did the organization engage in lobbying activities				47		<u> </u>
48	Is the organization a school as described in section		•		48		
49a	Did the organization make any transfers to an ex	•	-		49a		
Б 50	If "Yes," was the related organization a section 5 Complete this table for the organization's five himployees) who each received more than \$100,0	ghest compensated emplo		officers, directors, t			d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) ac	Expensount a allowa	nd
	Νονξ						
f	Total number of other employees paid over \$100	.000 ▶	.1				
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			pe of service	(c) Cor	npensa	ition
	NONE						
						•	
d	Total number of other independent contractors e	each receiving over \$100,0	00▶				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompar of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the bes	t of my	knowie	edge
Sign Here	Signature of officer	pleim		12/31	10	9	
	Statistics of officer  SENE R. OPHE  Type or print name and title	IM Trea	56181	Date / /			
Paid	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	iber (Sea	instruc	dons)
Prepare Use On	Firm's name (or		EII	N <b>&gt;</b>			
	address, and ZIP + 4		Ph	ione no. 🕨			
May th	e IRS discuss this return with the preparer shown	above? See instructions	<u> </u>	🕨 🗀	Yes		4o
				For	m <b>99</b> (	)-EZ	(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.

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Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

Nam	of t	he organization		ds Track	CL	<u> </u>	- 10		Employe	er Identifica	tion number	
Pa	rt I	Reason		narity Status (All or	rganizati	ONS MUS	t compl	ete this	nart) Se	oe instru	tions	<u> </u>
				ndation because it is:							<u> </u>	
1			•	rches, or association	-		-	•		•		
2				on 170(b)(1)(A)(ii). (At					- (-)(-)(	7(7		
3		A hospital o	r a cooperative	hospital service organ	nization d	lescribed	in sectio	n 170(b)	(1)(A)(iii).			
4				ation operated in con							)(A)(iii). Ent	er the
		hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in <b>sect</b>	ion 170(l	b)(1)(A)(v	).		
7				y receives a substanti		its suppo	ort from a	governn	nental uni	t or from	the general	public
_				(1)(A)(vi). (Complete F								
8				d in <b>section 170(b)(1)</b>								
9				y receives: (1) more the ed to its exempt func								
				ent income and unre								
				after June 30, 1975.						, 011 100,	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10		An organiza	tion organized a	nd operated exclusive	elv to tes	t for pub	ic safetv	. See sec	tion 509	(a)(4).		
11	_	_	-	and operated exclusiv	-	•	-				r to carry o	out the
		purposes of	one or more pu	blicly supported organ	nizations	describe	d in sect	on 509(a	)(1) or se	ction 509(	a)(2). See s	
		<b>509</b> (a)(3). C	heck the box tha	at describes the type					-	s 11e thr	ough 11h.	
	_	a 🗌 Type		,,		e III-Fun	•	_			Type III-C	
0				tify that the organizat								
				on managers and othe	r than on	e or more	publicly	supporte	d organiz	zations de	scribed in s	ection
			section 509(a)(2)							_		
f		_		a written determinati	ion from	the IRS	that it is	a Type	I, Type II	, or Type	III support	ing _
~		~	, check this box	the organization acce			 Santributio	 on from a	· · ·			. Ц
g		following pe		the organization acce	spiou any	y girt or c		JII 11 OI11 6	ary or the	•		
				r indirectly controls, e	either alo	ne or too	ether wi	th person	s descrit	oed in (ii)	Yes	No
				ning body of the sup							11g(i)	
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)	
				of a person described							11g(iii)	<u> </u>
<u>h</u>				ation about the suppo			(s).					
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		sthe ion in col	(vii) Amou suppor	
	Ψ.5	above or		above or IRC section		document?	col. (I)	i) of your (i) orga		zed in the	осрро.	•
				(see instructions))	Yes	No	Yes	No No	Yes	S.7		
					163	140	165	140	165	NO		
-											· · · · · · · · · · · · · · · · · · ·	
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Tota	1											

Par	Support Schedule for Org (Complete only if you chec	anizations I	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1	)(A)(vi)
500	tion A. Public Support	ked the box	on line 5, 7, 0	or o or Fart i.	· <u>/</u>	<del></del>	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
O.	letidal year (of hoodi year beginning in)	(4) 2000	(2) 2000	(0, 200.	(4) 2000	(0) 2003	(1) 1012
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 6	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).  Public support. Subtract line 5 from line 4.						
	tion B. Total Support	<u> </u>	·	<del> </del>		·	-
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		-	, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sci					15	<u> </u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						
b	33% % support test—2008. If the organi						_
	box and stop here. The organization qua	•	• • •	_			
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	heck this box a lifies as a public	and <b>stop here.</b> Bly supported or	Explain in Part ganization	IV how the

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.)

Section A. Public Support									
C	alendar 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.")			9,485	18,685	23,038	51,208		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			83,893	55,635	893,125 <del>63,125</del>	212,653		
3	Gross receipts from activities that are not an unrelated trade or business under section 513			- 0-	- 0 -	- 0 -	-0 -		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-0-	- 0-	- 0.	-0 -		
5	The value of services or facilities furnished by a governmental unit to the organization without charge			-0.	-0-	-0-	-0		
6	Total. Add lines 1 through 5			93,37B	74,320	96,163	263,861		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			.0-	- 6-	.0-	-0 -		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	i		- 0 -	-0-	-0-	-0 -		
c	Add lines 7a and 7b			-0-	-0-	-0-	0 -		
8	Public support (Subtract line 7c from line 6.)			93,328	24,320	96.163	263,861		
	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·				
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	ļ <del> </del>	 	93,32B	79,320	96,163	263,86/		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2,622	2,039	1,079	5,7 4D		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			.0.	. 0 -	-0-	-0 -		
C	Add lines 10a and 10b	<u> </u>		2,622	2,039	1,029	5,240		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			.0-	.0-	- 0-	-0 -		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			-0.	-0-	-0-	-0 -		
13	Total support. (Add lines 9, 10c, 11, and 12.)			96,000		92,242	269,601		
14	First five years. If the Form 990 is for torganization, check this box and stop	nere	<u> </u>	nd, third, fourth	=		n 501(c)(3) ▶ □		
Sec	tion C. Computation of Public Su	<del></del>					0.0		
15	Public support percentage for 2009 (lin			ne 13, column	(f)	15 9			
16 Sec	Public support percentage from 2008 Stion D. Computation of Investment			<u> </u>	<del></del> .	16	7.3 %		
17	Investment income percentage for 2009			d by line 13 o	olumn (fl)	17	2. / %		
18	Investment income percentage from 20			•		18	2.7 %		
19a	33% % support tests—2009. If the organization is not more than 33% %, check this be	anization did ne	ot check the b	oox on line 14, a					
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box o	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and		
20	Private foundation. If the organization								

Schedule A (F	hedule A (Form 990 or 990-EZ) 2009 Page 4						
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.		
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