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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization

TRACK SHACK FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1013 MONTANA ST

Room/suite

City or town, state or country, and ZIP + 4

ORLANDO

FL 32803

D Employer identification number

59-3306035

E Telephone number

407-896-1160

G Gross receipts \$

917,744

H(a) Is this a group return for
affiliates?

Yes No

Yes No

If "No," attach a list (see instructions)

I Tax-exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: ► WWW.TRACKSHACK.COM

H(c) Group exemption number ►

K Type of organization Corporation Trust Association Other ►

L Year of formation 1994

M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND ENCOURAGE HEALTH AND FITNESS IN OUR COMMUNITY WITH AN EMPHASIS ON YOUTH PROGRAMS.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
2010 Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	260,000	187,670
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7a)	1,343,720	729,485
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	976	589
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,604,696	917,744
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2010	571,693	397,961
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	857,011	655,431
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,428,704	1,053,392
	19 Revenue less expenses Subtract line 18 from line 12	175,992	-135,648
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	202,078	66,430
	22 Net assets or fund balances Subtract line 21 from line 20	202,078	66,430

Part II Signature Block

SCANNED
Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

19/23/10

Signature of officer

DAN TRAVER

PRESIDENT'

Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>lung stewart</i>	Date 8/18/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00254809
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► HMS CERTIFIED PUBLIC ACCOUNTANTS, PA	457 LAKE HOWELL RD MAITLAND, FL 32751	EIN ► 59-3266324	Phone no ► 407-571-4080

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

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

Form 990 (2009)

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Part III • Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO PROMOTE AND ENCOURAGE HEALTH AND FITNESS IN OUR COMMUNITY WITH AN EMPHASIS ON YOUTH PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,042,627 including grants of \$ 397,961) (Revenue \$)
 DURING 2009, NINE ROAD RACE EVENTS WERE PRODUCED TO PROMOTE HEALTH AND FITNESS AND TO RAISE MONEY FOR YOUTH ORGANIZATIONS. REVENUES FROM THESE RACE EVENTS REPRESENT SPONSORSHIPS AND EVENT FEES. WE ALSO RECEIVE CONTRIBUTIONS FROM ORGANIZATIONS AND INDIVIDUALS OUTSIDE OF THE RACE EVENTS. ALL FUNDS RAISED ARE CONTRIBUTED TO SCHOOL-BASED YOUTH ATHLETIC PROGRAMS, CHARITABLE YOUTH RUNNING AND SPORTS ORGANIZATIONS AND OTHER WORTHY CHARITABLE ORGANIZATIONS. THESE CONTRIBUTIONS ARE EITHER DONE ON A RACE BY RACE BASIS FOR RACE SPONSORS THAT HAVE DESIGNATED A BENEFICIARY OR THROUGH A QUARTERLY GRANT APPLICATION PROCESS APPROVED BY OUR BOARD OF DIRECTORS. IT IS OUR FEELING THAT SPORTS AND ORGANIZED ATHLETIC PROGRAMS OFFER CHILDREN STRUCTURE AND GOALS, WHICH ARE VITAL TO MENTAL AND PHYSICAL

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,042,627

Part JV · Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part 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	
● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
● Did the organization report an amount for other assets related 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		
● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
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 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 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 X	

Part IV · Checklist of Required Schedules (continued)

	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 <input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 <input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 <input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a <input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	
c 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 <input type="checkbox"/>	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a <input checked="" type="checkbox"/>	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b <input checked="" type="checkbox"/>	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule L, Part III	27 <input checked="" type="checkbox"/>	
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a <input checked="" type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b <input checked="" type="checkbox"/>	
c 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, Part IV	28c <input checked="" type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 <input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 <input checked="" type="checkbox"/>	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 <input checked="" type="checkbox"/>	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 <input checked="" type="checkbox"/>	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 <input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	0
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
7 Organizations that may receive deductible contributions under section 170(c).	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a	
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 organization, have excess business holdings at any time during the year?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	11a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a | 8
 b Enter the number of voting members that are independent 1b | 8

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 | X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 | X

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 | X

6 Does the organization have members or stockholders? 6 | X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a | X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b | X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a | X
 a The governing body? 8b | X
 b Each committee with authority to act on behalf of the governing body?

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 9 | X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? 10a | X
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b |

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 | X

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a | X

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b | X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c | X
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 | X

13 Does the organization have a written whistleblower policy? 14 | X

14 Does the organization have a written document retention and destruction policy? 15a | X

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? 15b | X
 a The organization's CEO, Executive Director, or top management official 16a | X
 b Other officers or key employees of the organization 16b |
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a | X
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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? 16b |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 ► **STEVE LAPIERRE**
1013 MONTANA ST
FL 32803
ORLANDO **407-896-1160**

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

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
EVENT MARKETING & MGMT INT'L INC ORLANDO	1104 N MILLS AVE FL 32803 MGMT OF RACES;	459,154

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

1

Part VIII : Statement of Revenue

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	187,670				
g Noncash contributions included in lines 1a-1f		\$				
h Total. Add lines 1a-1f			187,670			
Program Service Revenue						
		Busn. Code				
2a RACE REVENUES			681,518	681,518		
b TRAINING PROGRAM REVENUE			26,074	26,074		
c GIRLS ON THE RUN REVENUE			21,893	21,893		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			729,485			
3 Investment income (including dividends, interest, and other similar amounts)			589			589
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents	(i) Real	(ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			917,744	729,485	0	589
12 Total Revenue. See instructions						

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	397,961	397,961		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,770	1,770		
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,863	1,863		
24 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)				
a RACE FEES & EXPENSES	597,617	597,617		
b TENT RENTALS	21,790	21,790		
c GIRLS ON THE RUN EXPENSES	13,514	13,514		
d TRAINING/RUNNING SUPPLIES	9,882	9,882		
e BANK CHARGES	7,979		7,979	
f All other expenses	1,016		1,016	
25 Total functional expenses. Add lines 1 through 24f	1,053,392	1,042,627	10,765	
26 Joint costs. Check here ► <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	12,167	1	20,580
	2 Savings and temporary cash investments	189,911	2	45,762
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	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
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11			15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	202,078	16	66,430
Liabilities	17 Accounts payable and accrued expenses			17
	18 Grants payable			18
	19 Deferred revenue			19
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities Complete Part X of Schedule D			25
	26 Total liabilities. Add lines 17 through 25			26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets			27
	28 Temporarily restricted net assets			28
	29 Permanently restricted net assets			29
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds			30
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds	202,078	32	66,430
	33 Total net assets or fund balances	202,078	33	66,430
	34 Total liabilities and net assets/fund balances	202,078	34	66,430

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	2a	<input checked="" type="checkbox"/>
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2b	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2c	
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? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the Single Audit Act and OMB Circular A-133?	3a	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

TRACK SHACK FOUNDATION

Employer identification number
59-3306035

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
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, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the

1

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h. Provide the following information about the supported organization(s)							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vii) Amount of support
			Yes	No	Yes	No	
Total							

For R

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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 (see instructions)						12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	330,400	335,760	220,500	260,000	187,670	1,334,330
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	997,697	1,012,051	1,046,746	1,083,720	729,485	4,869,699
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	1,328,097	1,347,811	1,267,246	1,343,720	917,155	6,204,029
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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						6,204,029

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,328,097	1,347,811	1,267,246	1,343,720	917,155	6,204,029
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	532	951	929	976	589	3,977
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	532	951	929	976	589	3,977
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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, and 12.)	1,328,629	1,348,762	1,268,175	1,344,696	917,744	6,208,006
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.94 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.94 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

Schedule I (Form 990) 2009 TRACK SHACK FOUNDATION

59-3306035

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

(5) Type of grant or assistance _____ (6) Number of _____ (7) Amount _____

(a) If you are a member of the public, you can make a complaint to the Office of the Information Commissioner (OIC) if you believe that your privacy rights have been violated.

Part IV

Part IV **Supplementary Information** Complete this part to provide the information required in Part I line 2 and any other additional information

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

TRACK SHACK FOUNDATION**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

2009Open to Public
InspectionEmployer identification number
59-3306035**FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT**

DEVELOPMENT. UNFORTUNATELY, MANY SCHOOLS AND CHARITABLE ORGANIZATIONS HAVE TO CUT BACK OR EVEN ELIMINATE SPORTS/ATHLETIC PROGRAMS DUE TO LACK OF FUNDING. IT IS OUR INTENTION THAT THROUGH FINANCIAL SUPPORT OF YOUTH ATHLETIC PROGRAMS THROUGHOUT THE COMMUNITY, WE WILL HELP SUSTAIN THESE IMPORTANT PROGRAMS FOR CHILDREN THAT BUILD SELF-ESTEEM AND CONFIDENCE, FOSTER HEALTHY AND WHOLESOME HABITS, AND DEVELOP LEADERSHIP AND COOPERATION SKILLS. BEGINNING IN THE SUMMER OF 2009, WE NO LONGER ARE RESPONSIBLE FOR PRODUCING ROAD RACE EVENTS AS THESE ARE NOW BEING HANDLED BY TRACK SHACK FITNESS CLUB, A SEPARATE 501(C)3 ORGANIZATION. WE WILL CONTINUE TO RECEIVE CONTRIBUTIONS FROM THE TRACK SHACK FITNESS CLUB THROUGH THE RACE EVENTS THEY PRODUCE.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD DESIGNATES EACH YEAR MEMBERS OF THE BOARD WITH FINANCIAL AND ACCOUNTING EXPERIENCE TO REVIEW AND APPROVE THE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
EACH BOARD MEMBER MUST SIGN OFF ON THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. IF ANY TRANSACTIONS ARE ENTERED INTO WITH BOARD MEMBERS DURING THE YEAR THEY ARE DISCUSSED AT THE BOARD LEVEL TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS

Name of the organization

TRACK SHACK FOUNDATION

Employer identification number

59-3306035

ARE AVAILABLE UPON REQUEST.

TRACK SHACK FOUNDATION DONATIONS

Year Ending 12/31/09

SCHEDULE I (FORM 990), PART II, LINE 1

Recipients	Donation	Location	Type
Kids House of Seminole	\$6,763.62	Sanford, FL	Victims of Child Abuse
Parramore Kidz Zone	\$9,000.00	Orlando, FL	General Fund
Christian Service Center	\$6,000.00	Orlando, FL	Social Services
IXIS Advisor Funds - ORC Scholarship Fund	\$5,000.00	Orlando, FL	Scholarship Program
Wekiva Elementary School	\$1,000.00	Longwood, FL	Cross Country/Track & Field
Heathrow Elementary Mileage Club	\$1,000.00	Heathrow, FL	Running Club
St Lukes Lutheran School	\$1,000.00	Oviedo, FL	Youth Running Programs
Oviedo High School	\$1,108.10	Oviedo, FL	Track & Field Program
Orlando Wildcats	\$1,000.00	Orlando, FL	Women's Softball Program
Dommerich Elementary School	\$1,000.00	Maitland, FL	School Running Programs
American Heart Association	\$2,500.00	Orlando, FL	Heart Walk Fundraiser
Break Away Track Club	\$1,500.00	Clermont, FL	Track & Field Invitational
Central Florida Children's Home	\$2,000.00	Orlando, FL	General Fund
Winter Park YMCA	\$2,000.00	Winter Park, FL	Youth Triathlon
Deltona Thunder Track Team	\$1,000.00	Deltona, FL	Track & Field Team
Maynard Evans High School NJROTC	\$500.00	Orlando, FL	Fitness Equipment
Orlando Day Nursery Association, Inc.	\$3,000.00	Orlando, FL	At-Risk Playground Project
Indian Hills Middle School	\$750.00	Winter Springs, FL	Track & Field Team
Wolf Lake Middle School	\$1,225.00	Apopka, FL	Equipment - Track & Field Team
Orange County Special Olympics	\$1,500.00	Orlando, FL	Physical Activity Programs
Seminole County Special Olympics	\$1,500.00	Longwood, FL	Equipment - Track & Field Team
Orlando Health Foundation - Golden South	\$5,000.00	Orlando, FL	Golden South Classic Meet
Central Florida Gliders Track Club	\$2,500.00	Altamonte Springs, FL	Track & Field Team
Lake County PAL	\$2,500.00	Clermont, FL	At-Risk Youth Programs
Jackson Heights Middle School	\$1,000.00	Oviedo, FL	School Running Program
A Gift for Teaching	\$2,500.00	Orlando, FL	Physical Fitness Programs
American Heart Association	\$2,500.00	Orlando, FL	Heart Walk Fundraiser
Apopka Middle School Running Club	\$1,500.00	Apopka, FL	Running Club
Bear Lake Elementary Running Club	\$2,000.00	Apopka, FL	Running Club
Brookshire Elementary School	\$3,750.00	Winter Park, FL	Aquatic Safety and Swimming Program
Capitol City Christian Cruiser Track Club	\$3,000.00	Ocoee, FL	Summer Track Program
Central Florida Health Alliance	\$5,000.00	Orlando, FL	Fitness Programs
Central Florida Police Athletic League	\$3,500.00	Orlando, FL	Summer Camp - At Risk Youth
Colonial High School	\$4,000.00	Orlando, FL	Cross Country Camp
Friends of Mead Garden	\$925.00	Winter Park, FL	Nature Camp - At Risk Kids
Harbor House of Central Florida	\$1,000.00	Orlando, FL	Playground Equipment - At Risk
Health Masters Club, Inc	\$3,000.00	Apopka, FL	Summer Day Camp
Lawton Chiles Middle School	\$500.00	Oviedo, FL	Cross Country & Track Equipment
Orlando Aftershock, Inc	\$1,000.00	Altamonte Springs, FL	Participation at World Series
Special Olympics Orange County	\$2,000.00	Orlando, FL	Summer Sports Camp
Timber Creek High School Cross Country	\$1,500.00	Orlando, FL	Summer Running Camp
West Orange High School	\$2,000.00	Winter Garden, FL	Track & Field Equipment
APT of Freedom 7 Elementary School	\$1,950.00	Cocoa Beach, FL	Running Club Supplies/Incentives
Central Florida Gliders Track Club	\$1,500.00	Altamonte Springs, FL	Cross Country Expenses
Central Florida Police Athletic League	\$3,500.00	Orlando, FL	Youth Services Programs
Crystal Lake Elementary	\$1,311.20	Lake Mary, FL	Cross Country Run
Deltona Thunder Track Team	\$2,000.00	Deltona, FL	Hosting Meet & Training Equipment
Fast Start Management, Inc.	\$2,500.00	Winter Park, FL	Track and Field Invitational
Keeth Elementary Running Club	\$970.00	Winter Springs, FL	Track and Field Equipment
Olympia High School Cross Country	\$1,000.00	Orlando, FL	FSU Invitational Meet
Reedy Creek Elementary Running Club	\$1,000.00	Kissimmee, FL	Running Club Supplies/Incentives
Sunset Park Elementary PTO	\$1,000.00	Windermere, FL	Walk-a-thon
Winter Park High School Girls Cross Country	\$2,000.00	Winter Park, FL	Travel Expenses for Meets
Educational Foundation of Lake County	\$5,000.00	Leesburg, FL	Marathon Scholars Program
Deerwood Elementary PTA	\$500.00	Orlando, FL	5k Run/Walk
Flora Ridge Elementary	\$10.00	Kissimmee, FL	Track & Cross Country Program

Coalition for the Homeless	\$1,000.00	Orlando, FL	Healthy Meal Service for Kids
Oviedo High School	\$1,000.00	Oviedo, FL	Track Team Season Equipment
Oak.Ridge High School	\$3,000.00	Orlando, FL	Girls Track & Field Team
Winter Park High School Orchestra	\$230.00	Winter Park, FL	Equipment/Travel
Maynard Evans High School NJROTC	\$100.00	Orlando, FL	Fitness Equipment
AUMC	\$200.00	Orlando, FL	General Fund
Dr Phillips HS Track & Field	\$250.00	Orlando, FL	Track Team
Girl Scout Troop #1982	\$110.00	Winter Park, FL	General Fund
Girl Scout Troop #1125	\$100.00	Orlando, FL	General Fund
Girl Scout Troop #1982	\$120.00	Winter Park, FL	General Fund
Girl Scout Troop #1982	\$100.00	Winter Park, FL	General Fund
Girl Scout Troop #1982	\$120.00	Winter Park, FL	General Fund
I-Drive YMCA & Aquatic Center	\$15,000.00	Orlando, FL	General Fund
Wings of Hope	\$14,251.11	Orlando, FL	General Fund
Florida Citrus Sports Foundation	\$136,481.00	Orlando, FL	General Fund
Boys & Girls Club of Central Florida	\$14,500.00	Orlando, FL	Physical Activity Programs
House of Hope	\$4,157.52	Orlando, FL	Services for Troubled Teens
WPHS Hall of Fame	\$1,000.00	Winter Park, FL	Scholarship Program
Universal Orlando Foundation, Inc.	\$32,576.00	Orlando, FL	General Fund
City of Winter Park	\$28,703.00	Winter Park, FL	Parks and Recreation Dept
Boys & Girls Club of Central Florida	\$9,700.00	Orlando, FL	Physical Activity Programs
Cypress Springs Elementary School	\$500.00	Orlando, FL	Running Programs
Partin Settlement Elementary School	\$500.00	Kissimmee, FL	Running Programs
Debary Elementary School	\$500.00	Debary, FL	Running Programs
Sweetwater Episcopal Academy	\$500.00	Longwood, FL	Running Programs
Meridian Club of Winter Park	\$8,000.00	Winter Park, FL	Scholarship Program
TOTAL DONATIONS	\$397,961.55		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization TRACK SHACK FOUNDATION	Employer identification number 59-3306035
	Number, street, and room or suite no. If a P O. box, see instructions 1013 MONTANA ST	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ORLANDO FL 32803	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **STEVE LAPIERRE**

Telephone No ► **407-896-1160** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

for the whole group, check this box ► If it is for part of the group, check this box ► and attach a

list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/10**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► *Living Brancato*

Title ►

CPA

Date ►

8/13/10

Form 8868 (Rev. 4-2009)