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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable	C Name of organization ATP Tour Inc		D Employer identification number 95-2833251
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (904) 285-8000
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 201 ATP TOUR BOULEVARD		G Gross receipts \$ 83,355,706
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 PONTE VEDRA BEACH, FL 32082		

F Name and address of principal officer ADAM HELFANT 201 ATP TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I Tax-exempt status  501(c) ( 6 ) ► (insert no )  4947(a)(1) or  527

J Website: ► WWW.ATPWORLDTOUR.COM

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1973 M State of legal domicile DE

## Part I Summary

1 Briefly describe the organization's mission or most significant activities THE ATP BOARD HAS NOT ADOPTED A MISSION STATEMENT SEE ATTACHMENT 2 FOR A DESCRIPTION OF ATP'S PURPOSES		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	5
5 Total number of employees (Part V, line 2a) . . . . .	5	69
6 Total number of volunteers (estimate if necessary) . . . . .	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	1,095,539
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	-3,497,064

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	58,166,382	81,491,424
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	512,346	88,080
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,624,031	1,738,046
	61,302,759	83,317,550

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 ) . . . . .	42,000	97,000
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	2,528,393	5,215,754
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,518,972	10,972,694
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	51,191,219	39,083,969
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	68,280,584	55,369,417
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-6,977,825	27,948,133

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	73,446,457	107,693,370
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	30,925,302	36,131,702
	42,521,155	71,561,668

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		
	2010-11-10 Signature of officer PHILIP GALLOWAY COO-CFO Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	ERNST & YOUNG US LLP 75 BEATTIE PLACE SUITE 800 GREENVILLE, SC 29601		EIN ►
				Phone no ► (864) 242-5740

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

THE ATP BOARD HAS NOT ADOPTED A MISSION STATEMENT The purposes of the corporation are to own, sanction, schedule and administer one or more circuits of professional tennis tournaments, to own one or more professional tennis tournaments, to sanction, schedule and operate one or more more professional tennis tournaments, to develop, promulgate and administer rules, regulations and grievance procedures to ensure the fair and orderly conduct of professional tennis tournaments, circuits thereof and the sport of professional tennis, to promote and further the interests of professional tennis players and professional tennis tournaments and circuits thereof throughout the world, to promote the interests of one or more public charities, to improve the conditions under which professional tennis players engage in their occupation, to increase the status and public perception of professional tennis as a major world class international sport, to promote and protect the future of the sport of profe

**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 \$ including grants of \$ ) (Revenue \$ )  
Circuit, tournament calendar, player commitment and tour branding were successfully improved in 2009

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
ATP's year end event (ATP World Tour Finals) presents the top eight players and the top eight doubles team in the world. The 2009 tournament was the most successful indoor professional tennis event in ATP's history with attendance for the week exceeding 250,000 fans

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Tournament investment in facilities and operations, including prize money, significantly increased in 2009

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** \$

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

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 . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

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 . . . . .

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  . . . . .

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  . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .

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  . . . . .

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  . . . . .

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. . . . .

- 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 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  . . . . .

12A Was the organization included in consolidated, independent audited financial statements for the tax year? 

Yes	No
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If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

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  . . . . .

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 U.S.? If "Yes," complete Schedule F, Part II  . . . . .

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 U.S.? If "Yes," complete Schedule F, Part III  . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

	Yes	No
1		No
2		No
3		No
4		
5		No
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a	Yes	
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20		No

**Part IV Checklist of Required Schedules (continued)**

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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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	Yes	
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		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b>	249
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	69
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
<b>4a</b>	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)?	Yes	
<b>4b</b>	If "Yes," enter the name of the foreign country <b>UK, MN, AS</b> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?	No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	7	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	5	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> 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 . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Form 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. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 PHILIP B GALLOWAY  
 201 ATP TOUR BLVD  
 PONTE VEDRA BEACH, FL 32082  
 (904) 285-8000

## **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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee.

<b>1b Total</b>	4,785,212	1,320,926	405,394
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**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 **►25**

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	No
<b>4</b> 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	<b>4</b>	Yes
<b>5</b> 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	<b>5</b>	No

## 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
PROSKAUER ROSE LLP 1585 BROADWAY NEW YORK, NY 10036	LEGAL SERVICES	1,704,952
INTERNATIONAL TENNIS FEDERATION	ANTIDOPING/INTEGRITY	744,084
THE BIG SHOT	CREATIVE SERVICES	336,474
BRITISH TELECOMMUNICATIONS	TV/PRODUCTION SVCS	327,030
SMITH HULSEY BUSEY 225 WATER STREET STE 1800 JACKSONVILLE, FL 32201	LEGAL SERVICES	276,162
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>►14</b>		

## **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
<b>Contributions, gifts, grants and other similar amounts</b>					
<b>1a</b> Federated campaigns . . . . .	<b>1a</b> _____				
<b>b</b> Membership dues . . . . .	<b>1b</b> _____				
<b>c</b> Fundraising events . . . . .	<b>1c</b> _____				
<b>d</b> Related organizations . . . . .	<b>1d</b> _____				
<b>e</b> Government grants (contributions)	<b>1e</b> _____				
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> _____				
<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	►	0			
<b>Program Service Revenue</b>					
<b>2a</b> MEMBER SERVICES AND BENEFITS	Business Code				
	711,300	22,647,560	22,536,241	111,319	
<b>b</b> PLAYER & TOURNAMENT DIRECTOR PENSION PLAN		22,486,070	22,486,070		
<b>c</b> MEMBERSHIP DUES AND FEES		19,414,013	19,414,013		
<b>d</b> PROFESSIONAL TOURNAMENT REVENUES		13,093,373	13,093,373		
<b>e</b> CHALLENGER CIRCUIT FEES		1,759,426	1,759,426		
<b>f</b> All other program service revenue		2,090,982	1,731,938	359,044	
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	►	81,491,424			
<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .	►				
		88,080			88,080
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	►	0			
<b>5</b> Royalties . . . . .	►	1,051,351		217,991	833,360
<b>6a</b> Gross Rents	(i) Real				
	103,156				
<b>b</b> Less rental expenses	(ii) Personal				
	25,789				
<b>c</b> Rental income or (loss)		77,367			
<b>d</b> Net rental income or (loss) . . . . .	►	77,367			77,367
<b>7a</b>	(i) Securities				
Gross amount from sales of assets other than inventory					
<b>b</b> Less cost or other basis and sales expenses	(ii) Other				
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .	►	0			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .	►	0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .	►	0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
	19,476				
<b>b</b> Less cost of goods sold . . . . .	b	12,367			
<b>c</b> Net income or (loss) from sales of inventory . . . . .	►	7,110		7,110	
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> Tennis Facility	711,210	385,233		385,233	
<b>b</b> Exchange Gain	900,099	182,943	182,943		
<b>c</b> Foreign VAT tax reimbursement	900,099	16,142	16,142		
<b>d</b> All other revenue . . . . .		17,900	3,058	14,842	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	►	602,218			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .	►	83,317,550	81,223,204	1,095,539	998,807

**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	97,000			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	5,215,754			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,511,534			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	2,926,702			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	100,663			
9 Other employee benefits . . . . .	1,104,799			
10 Payroll taxes . . . . .	328,996			
11 Fees for services (non-employees)				
a Management . . . . .	238,426			
b Legal . . . . .	2,455,557			
c Accounting . . . . .	156,195			
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	23,875			
g Other . . . . .	2,460,506			
12 Advertising and promotion . . . . .	2,784,648			
13 Office expenses . . . . .	920,988			
14 Information technology . . . . .	988,761			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	277,918			
17 Travel . . . . .	2,365,987			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	128,872			
20 Interest . . . . .	21,867			
21 Payments to affiliates . . . . .	3,035,725			
22 Depreciation, depletion, and amortization . . . . .	184,702			
23 Insurance . . . . .	470,858			
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 TOURNAMENT MEMBER PAYMENTS	15,170,834			
b PLAYER MEMBER PAYMENTS	5,372,557			
c PROFESSIONAL TOURNAMENT EXPS	1,450,490			
d OFFICIATING	273,398			
e Miscellaneous	175,126			
f All other expenses	126,679			
25 Total functional expenses. Add lines 1 through 24f	55,369,417			
26 Joint costs. Check here <input checked="" type="checkbox"/> <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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1	
	2 Savings and temporary cash investments . . . . .	7,609,493	2 15,754,200
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	8,760,311	4 6,538,584
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	549,410
	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 . . . . .	7,512	8 7,882
	9 Prepaid expenses and deferred charges . . . . .	9	1,180,517
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,567,599	
	b Less accumulated depreciation . . . . .	10b 2,210,205	10c 1,357,394
	11 Investments—publicly traded securities . . . . .	11 4,540,575	16,500,695
	12 Investments—other securities See Part IV, line 11 . . . . .	12 216,299	212,731
	13 Investments—program-related See Part IV, line 11 . . . . .	13 49,350,494	65,386,113
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	15 1,462,200	205,844
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16 73,446,457	107,693,370
Liabilities	17 Accounts payable and accrued expenses . . . . .	17 17,883,859	18,036,947
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19 4,958,003	9,253,395
	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 8,083,440	8,841,360
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	26 30,925,302	36,131,702
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	27 906,746	6,132,728
	28 Temporarily restricted net assets . . . . .	28	
	29 Permanently restricted net assets . . . . .	29 41,614,409	65,428,940
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 . . . . .	32	
	33 Total net assets or fund balances . . . . .	33 42,521,155	71,561,668
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	<b>34 73,446,457</b>	<b>107,693,370</b>

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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  
 Separate basis       Consolidated basis       Both consolidated and separated 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? . . . . .

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► 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.

**Name of the organization**  
ATP Tour Inc**Employer identification number**

95-2833251

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	<b>Held at the End of the Year</b>
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ► %

**b** Permanent endowment ► %

**c** Term endowment ► %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		443,945			443,945
<b>b</b> Buildings . . . . .		1,877,878	1,151,083		726,795
<b>c</b> Leasehold improvements . . . . .		299,469	230,069		69,400
<b>d</b> Equipment . . . . .		946,306	829,052		117,254
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					1,357,394

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B), line 12.)		

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**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LOANS RECEIVABLE	61,929,587	F
INVESTMENT-INSURANCE CONTRACTS	3,456,526	F
</		

**Total** (Column (b) should equal Form 990, Part X, col (B), line 13)

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65 386 11

**Part IX Other Assets** See Form 990 Part X line 15

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

**Part X Other Liabilities.** See Form 990, Part X, Col.(B) line 15.

1	(a) Description of Liability	(b) Amount
Federal Income Taxes		0
PLAYER DEFERRED COMP PLAN		7,519,951
TOURN DIRECTOR DEFERRED COMP PLAN		763,361
EXECUTIVE DEFERRED COMP PLAN		282,231
DUE TO ATP TENNIS LTD		79,671
DUE TO MONACO		123,891
EQUITY IN EARNINGS OF MONACO SUBSIDIARY		63,644
OTHER LIABILITIES		8,581
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B), line 25.)		8,944,256

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )** **8,841,360**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	83,317,550
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	55,369,417
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	27,948,133
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	27,948,133

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements . . . . .	1	80,158,885
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments . . . . .	2a	
b Donated services and use of facilities . . . . .	2b	
c Recoveries of prior year grants . . . . .	2c	
d Other (Describe in Part XIV) . . . . .	2d	
e Add lines 2a through 2d . . . . .	2e	
3 Subtract line 2e from line 1 . . . . .	3	80,158,885
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b Other (Describe in Part XIV) . . . . .	4b	3,158,665
c Add lines 4a and 4b . . . . .	4c	3,158,665
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . . . .	5	83,317,550

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements . . . . .	1	52,210,752
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities . . . . .	2a	
b Prior year adjustments . . . . .	2b	
c Other losses . . . . .	2c	
d Other (Describe in Part XIV) . . . . .	2d	
e Add lines 2a through 2d . . . . .	2e	
3 Subtract line 2e from line 1 . . . . .	3	52,210,752
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b Other (Describe in Part XIV) . . . . .	4b	3,158,665
c Add lines 4a and 4b . . . . .	4c	3,158,665
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . . .	5	55,369,417

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
RECONCILIATION OF AUDITED FINANCIALS TO TAX RETURN	SCHEDULE D, PARTS XII AND XIII	PARTS XII AND XIII, LINE 4B ELIMINATED REVENUE/EXPENSES INCURRED THRU SUBSIDIARY
FIN 48 (NOW ASC-740) FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS	PART X, LINE 2	INCOME TAXES FOR CERTAIN ATP ACTIVITIES ARE ACCOUNTED FOR USING THE LIABILITY METHOD AS REQUIRED BY ASC 740-10, ACCOUNTING FOR INCOME TAXES UNDER ASC 740-10, DEFERRED INCOME TAXES ARE DETERMINED BASED ON THE DIFFERENCE BETWEEN THE FINANCIAL STATEMENT AND TAX BASES OF ASSETS AND LIABILITIES, AS MEASURED BY THE ENACTED TAX RATES IN EFFECT WHEN THESE DIFFERENCES ARE EXPECTED TO REVERSE. ATP RECOGNIZES INVESTMENT PENALTIES AS INCOME TAX EXPENSE NO INTEREST OR PENALTIES WERE INCURRED IN 2009 OR 2008

**SCHEDULE F  
(Form 990)**

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

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ATP Tour Inc

**Employer identification number**

95-2833251

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. . . . .  Use Schedule F-1 (Form 990) if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . ► \_\_\_\_\_

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

**Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information

**Schedule I  
(Form 990)****2009****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

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
ATP Tour IncEmployer identification number  
95-2833251**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States . . . . .  ▶

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .  ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ATP TOUR CHARITIES201 ATP TOUR BLV PONTE VEDRA BEACH, FL 32082	593046932	501(C)(3)	97,000		BOOK		OPERATION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . .  ▶ 1

3 Enter total number of other organizations . . . . .  ▶ 0

**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 Schedule I-1 (Form 990) if additional space is needed.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of non-cash assistance</b>

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
PROCEDURES FOR MONITORING THE USE OF GRANTS FUNDS IN THE U S	SCHEDULE I, PART I, LINE 2	ATP TOUR FUNDS ATP TOUR CHARITIES FOR CHARITABLE CONTRIBUTIONS ALL CONTRIBUTIONS MUST BE APPROVED BY AN EXECUTIVE

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**

ATP Tour Inc

**Employer identification number**

95-2833251

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only 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

**a** The organization?

**b** Any related organization?

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

**a** The organization?

**b** Any related organization?

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-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**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," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ADAM HELFANT	(i) 1,300,000 (ii) 0	0	102,453	28,750	15,089	1,446,292	0
PHILIP GALLOWAY	(i) 400,000 (ii) 0	110,275	23,278	20,000	15,089	568,642	0
MARK YOUNG	(i) 380,012 (ii) 0	175,275	22,549	19,000	15,089	611,925	0
JEFF REEL	(i) 127,500 (ii) 0	18,675	3,882	6,375	15,089	171,521	0
BRAD DREWETT	(i) 380,000 (ii) 0	125,275	37,619	39,200	3,216	585,310	0
PHIL ANDERTON	(i) 318,400 (ii) 0	133,051	41,095	28,656	5,481	526,683	0
RICHARD DAVIES	(i) 0 (ii) 501,620	0	0	0	0	0	585,750
LAURENT DELANNEY	(i) 0 (ii) 210,213	0	0	0	0	0	576,151
ANDRE SILVA	(i) 190,000 (ii) 0	75,275	11,203	9,500	11,612	297,590	0
GAYLE BRADSHAW	(i) 180,000 (ii) 0	75,275	974	9,000	15,089	280,338	0
NICOLA ARZANI	(i) 0 (ii) 154,069	0	0	0	0	0	284,845
MURRAY SWARTZBERG	(i) 165,000 (ii) 0	28,277	10,385	8,250	15,089	227,001	0

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION REGARDING SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	PARTICIPANTS - PHILIP GALLOWAY, MARK YOUNG AND ADAM HELFANT

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.

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

**Name of the organization**

ATP Tour Inc

**Employer identification number**

95-2833251

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			Yes      No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?	(f)		(g) Written agreement?
					Approved by board or committee?	Yes	
MARK MILES EXEC SPLIT \$ LOAN	To	X	175,000	234,505	No	Yes	Yes
LARRY SCOTT EXEC SPLIT \$ LOAN	From	X	235,000	314,905	No	Yes	Yes
Total				► \$ 549,410			

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Tennis Properties Ltd	SEE SCHEDULE O	2,425,822	TV/SALES/TELECAST PRODUCTIONS		No

**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.**Employer identification number**

95-2833251

Identifier	Return Reference	Explanation
Description of Members or Stockholders	Form 990, Part VI, Question 6	ATP TOUR INC IS A MEMBER ORGANIZATION CONSISTING OF BOTH PLAYERS AND TOURNAMENT OWNER MEMBERS ATP BOARD MEMBERS ARE ELECTED BY THE RESPECTIVE TOURNAMENT OWNER MEMBERS AND BY THE PLAYER MEMBERS THROUGH A PLAYER COUNCIL THAT IS ELECTED BY THE PLAYER MEMBERS
DESCRIPTION OF MEMBERS WHO MAY ELECT GOVERNING BODY MEMBERS	Form 990, Part VI, Question 7a	ATP TOUR, INC IS A MEMBER ORGANIZATION CONSISTING OF BOTH PLAYERS AND TOURNAMENT OWNER MEMBERS ATP BOARD MEMBERS ARE ELECTED BY THE RESPECTIVE TOURNAMENT OWNER MEMBERS AND BY THE PLAYER MEMBERS THROUGH A PLAYER COUNCIL THAT IS ELECTED BY THE PLAYER MEMBERS
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	Form 990, Part VI, Question 11A	THE 990 RETURN IS SENT VIA EMAIL TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING MANAGEMENT IS RESPONSIBLE FOR PREPARING THE INFORMATION INCLUDED IN FORM 990 AND AN INDEPENDENT PROFESSIONAL ACCOUNTING FIRM PREPARES THE RETURN A COPY OF THE FILED RETURN IS MADE AVAILABLE TO EACH MEMBER THE CFO AND VICE PRESIDENT-FINANCE PERFORMS A COMPLETE REVIEW OF FORM 990 PRIOR TO FILING
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12C	ANNUAL DECLARATIONS FOR BOARD MEMBERS AND MANAGEMENT REGARDING CONFLICT OF INTEREST ARE REQUIRED BY POLICY A BOARD ORIENTATION PROCESS WHICH INCLUDES A SESSION ON DEALING WITH AND DISCLOSING CONFLICTS OF INTEREST IS REQUIRED FOR ALL BOARD MEMBERS
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a & 15B	15 a and b - The Board is responsible for hiring the Chairman/President As part of that process a search firm is usually engaged who provides input into the package of compensation offered Further research is directed by the Board on comparable roles in the industry before any compensation package is offered The Board has established a Compensation Subcommittee that has advisory responsibility for compensation levels of top management Management performs industry research both directly and through independent surveys to determine reasonableness of top management and other staff compensation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmt's to Gen Public	Form 990, Part VI, Question 19	NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC
EXPLANATION REGARDING RECLASS OF PRIOR YEAR FUND BALANCE	FORM 990, PART X, LINES 28 AND 29	NET ASSETS WERE INADVERTENTLY REPORTED AS TEMPORARILY RESTRICTED ON THE 2008 FORM 990, PART X, LINE 28 THEY SHOULD HAVE BEEN REPORTED AS PERMANENTLY RESTRICTED ON LINE 29 TO CORRECT THIS, THE PRIOR YEAR PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RECLASSIFIED IN FORM 990, PART X, COLUMN (A) FROM LINE 28 TO LINE 29
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	COLUMN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION TENNIS PROPERTIES LTD IS 10% OWNED BY ATP WITH OVERLAPPING DIRECTORS, ZELJKO FRANULOVIC AND GAVIN FORBES

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
ATP Tour Inc**Employer identification number**

95-2833251

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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ATP TOUR CHARITIES

201 ATP TOUR BLVD

PONTE VEDRA BEACH, FL 32082  
59-3046932

CHARITY

FL

501(C)(3)

SUPPORTING

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		
								Yes	No	Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ATP TOUR SAM 74 BOULEVARD DITALIE LE MONTE CARLO SUN, MONACO 98000 MN	CIRCUIT ADMIN	MN	NA	C CORP	584,635	515,768	100 000 %
ATP TENNIS LIMITED PALLISER ROAD IG HOUSE LONDON, ENGLAND W14 9EB UK	DORMANT COMPANY	UK	NA	LTD	0	79,676	100 000 %

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	ATP TOUR CHARITIES	B	97,000
(2)	ATP TOUR SAM	O & P	3,013,560
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Yes	No	Yes	No	Yes	No		

**TY 2009 Itemized Other Current Assets  
Schedule****Name:** ATP Tour Inc**EIN:** 95-2833251



	Yes	No
7a Are you a U S shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	✓	
b If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?	✓	
c Do you own any stock of an IC-DISC?	✓	
d Do you claim any foreign tax credit?	✓	
e Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?	✓	
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?	✓	
f Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?	✓	
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?	✓	
g Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?	✓	
h Are you a partner in a partnership that has reportable operations under section 999(a)?	✓	
i Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?	✓	
j Are you excluding extraterritorial income (defined in section 114(e)) from gross income?	✓	

**Part I Operations in or Related to a Boycotting Country** (See instructions beginning on page 3 )

	Yes	No
8 Boycott of Israel—Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See <b>Boycotting Countries</b> on page 2 of the instructions ).	✓	
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box	► <input type="checkbox"/>	

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a QATAR	95-2833251	711210	SPECTATOR SPORTS	
b UAE	95-2833251	711210	SPECTATOR SPORTS	
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

**9 Nonlisted countries boycotting Israel**—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?  Yes  No  
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ►

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?  Yes  No  
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ►

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**11** Were you requested to participate in or cooperate with an international boycott?  Yes  No  
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests (See page 4 of instructions)

**12** Did you participate in or cooperate with an international boycott?   
If Yes, attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements (See page 4 of instructions)

**Note:** If the answer to either question 11 or 12 is Yes, you must complete the rest of Form 5713. If you answered Yes to question 12, you must complete Schedules A and C or B and C (Form 5713).

<b>Part II Requests for and Acts of Participation in or Cooperation With an International Boycott</b>	Requests		Agreements	
	Yes	No	Yes	No
<b>13a</b> Did you receive requests to enter into, or did you enter into, any agreement (see page 4 of instructions)				
(1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—		✓		✓
(a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?				
(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .		✓		✓
(c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?		✓		✓
(d) Refrain from employing individuals of a particular nationality, race, or religion? . . . . .		✓		✓
(2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?		✓		✓

**b Requests and agreements**—If the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only—Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-2833251  
**Name:** ATP Tour Inc

### Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
DAVID EGDES DIRECTOR	20 0	X						56,292	0	0
GAVIN FORBES DIRECTOR	10 0	X						56,292	0	0
GIORGIO DI PALERMO DIRECTOR - PARTIAL YEAR	10 0	X						29,157	0	0
GRAHAM PEARCE DIRECTOR	10 0	X						55,818	0	0
ZELJKO FRANULOVIC DIRECTOR	10 0	X						55,818	0	0
JUSTIN GIMELSTOB DIRECTOR	30 0	X						96,107	0	0
ADAM HELFANT DIRECTOR/CHAIRMAN/PRESIDENT	50 0	X		X				1,402,453	0	43,839
IVAN LJUBICIC DIRECTOR - ONLY PARTIAL YEAR	10 0	X						0	0	0
PHILIP GALLOWAY COO & CFO	50 0			X				533,553	0	35,089
MARK YOUNG GENERAL COUNSEL/CEO AMERICAS	50 0			X				577,836	0	34,089
JEFF REEL ASSISTANT SECRETARY	50 0			X				150,057	0	21,464
BRAD DREWETT CEO INTERNATIONAL REGION	50 0			X				542,894	0	42,416
PHIL ANDERTON CHIEF MARKETING OFFICER	50 0			X				492,546	0	34,137
RICHARD DAVIES CEO ATP PROPERTIES	50 0			X				0	585,750	0
LAURENT DELANNEY SVP-ATP PROPERTIES	50 0				X			0	499,341	76,810
ANDRE SILVA CHIEF PLAYER OFFICER	50 0				X			276,478	0	21,112
GAYLE BRADSHAW EVP RULES & REGULATIONS	50 0				X			256,249	0	24,089
NICOLA ARZANI SVP-ATP MARKETING/COMM	50 0				X			0	235,835	49,010
MURRAY SWARTZBERG SVP-INFORMATION & TECHNOLOGY	50 0				X			203,662	0	23,339

**Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -**

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
MEMBER SERVICES AND BENEFITS	711,300	22,647,560	22,536,241	111,319	
PLAYER & TOURNAMENT DIRECTOR PENSION PLAN	711,300	22,486,070	22,486,070		
MEMBERSHIP DUES AND FEES	711,300	19,414,013	19,414,013		
PROFESSIONAL TOURNAMENT REVENUES	711,300	13,093,373	13,093,373		
CHALLENGER CIRCUIT FEES	711,300	1,759,426	1,759,426		

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<b><i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
TOURNAMENT MEMBER PAYMENTS	15,170,834			
PLAYER MEMBER PAYMENTS	5,372,557			
PROFESSIONAL TOURNAMENT EXPS	1,450,490			
OFFICIATING	273,398			
Miscellaneous	175,126			