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

OMB No 1545-0047

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

Internal Revenue Service

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

AF	or th	e 2010	calendar year, or tax year beginning , 2010, and en	ding		, 20				
<b>D</b>			C Name of organization		D Employer ident	fication number				
Вс	neck if ap	plicable	ATLANTA TRACK CLUB, INC.		58-13674	22				
	Addre		Doing Business As							
	7	change	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	E Telephone numb	per				
	Instial	return	3097 EAST SHADOWLAWN AVENUE		(404) 231-	9064				
	Termi	nated	City or town, state or country, and ZIP + 4			<del> </del>				
-	Amen	deď	ATLANTA, GA 30305-2403		G Gross receipts \$	4,259,604.				
-	return Applic	ation	F Name and address of pnncipal officer TRACEY RUSSELL		H(a) Is this a group ret					
_	_ pendi	ng	3097 EAST SHADOWLAWN AVENUE ATLANTA, GA 30305-240	13	affiliates? H(b) Are all affiliates in	F→ '** F <del>*</del>				
	Tay or	empt sta			` '	ist (see instructions)				
			atus X   501(c)(3)   501(c)( ) ◀ (insert no )   4947(a)(1) or	527		•				
			······································		H(c) Group exemption					
		of organi	<del></del>	ar or rormati	on 1966 <b>M</b> Sta	te of legal domicile GA				
Fa	it I	Sun	nmary							
	1		describe the organization's mission or most significant activities							
gy.			NSPIRE AND ENGAGE THE COMMUNITY TO ACHIEVE HEALTH	AND FI	TNESS					
auc		THRC	DUGH RUNNING.							
er										
Governance	2	Check	this box I if the organization discontinued its operations or disposed of more the	an 25% of	its net assets	1				
∞ಶ	3	Numbe	er of voting members of the governing body (Part VI, line 1a)		3	15.				
ies	4		er of independent voting members of the governing body (Part VI, line 1b)	. <b></b> .	<u>4</u>	15.				
Activities	5	Total n	number of individuals employed in calendar year 2010 (Part V, line 2a)	. <b></b> .		17.				
\sqr	6	Total n	number of volunteers (estimate if necessary)		6	7,300.				
	7 a	Total g	ross unrelated business revenue from Part VIII, column (C), line 12		7a	8,217.				
	b	Net un	related business taxable income from Form 990-T, line 34		7b	0.				
	Pr	ior	Year Return - Short Year 10/01/09-12/31/0	9	Prior Year	Current Year				
۵	8	Contrib	outions and grants (Part VIII, line 1h)	_	81,070.	802,793.				
ᇍ	9	Progra	m service revenue (Part VIII, line 2g)	•	684,106.	3,378,136.				
Revenue	10	Investr	nent income (Part VIII, column (A), lines 3[3, and 7d) 1/7		5,979.	36,103.				
œ	11	Other r	nent income (Part VIII, column (A), lines 373, and 7d); 1, / / F. P.	•	3,965.	15,005.				
	12		evenue - add lines 8 through 11 (most equal Part VIII, column (A), line 2)		775,120.	4,232,037.				
	13	Grants	and similar amounts paid (Part IX, & jumn (A), Jines 1,-3)) () 1		17,701.	269,813.				
	14		is paid to or for members (Part IX, column (A), line 4)	•	0.	<del>-</del>				
,,	15		s, other compensation, employee benefits (Part:IX, column (A), lines 5-10)	•	239,446.	1,001,629.				
Se			sional fundraising fees (Part IX, column (A) line (E) N	•	0.	0				
Expenses			undraising expenses (Part IX, column (D), line 25) > 22, 680.	·	<u>.                                </u>	27.77.3				
ω̈́			expenses (Part IV, column (A), lines 11a, 11d, 11f, 24f)	-  -	592,770.	2,448,766.				
			xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)	•	849,917.	3,720,208.				
			ue less expenses Subtract line 18 from line 12	•	-74,797.	511,829.				
- 8	13	TOVETT	de less expenses Subtract fine 16 from line 12	Begin	ning of Current Year	<del></del>				
ancel	20	Total a	ssets (Part X, line 16)	Degini		<del> </del>				
Net Assets or Fund Balances			abilities (Part X, line 16)	•	2,394,510. 259,787.	2,937,490.				
물림				•		290,938.				
	_		sets or fund balances Subtract line 21 from line 20	<u>-                                    </u>	2,134,723.	2,646,552.				
	t II		nature Block  perjury, I declare that I have examined this return, including accompanying schedules and statem	onts and to	the best of my know	ladge and holief it is tore				
corr	ect, an	id compl	ete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowled	dge	ledge and belief, it is true,				
		6	Marin a Dunial		alm	1				
	gn		Signature of difficer		Date	[ +,				
п	ere			- <del></del>	Date					
		•	praces a russell executive Diri	COR						
			Type or print name and title		Tobart (	I D.T.W.				
Paid			ype preparer's name Preparer's signature Date		Check if self-	PTIN				
- aiu - rep	arer	W	IARC ALAK Man x A/ AUG O	<u> 5 2011</u>	employed <b>&gt;</b>	P00746804				
	Only	Inty Firm's name ► SMITH & HOWARD, P.C. Firm's EIN ► 58-1250486								
		Firm's	address ▶ 171 17TH STREET, SUITE 900 ATLANTA, GA 30363		Phone no 40	4-874-6244				
vlay	the IR	S discu	uss this return with the preparer shown above? (see instructions)			X Yes No				
		work D	eduction Act Notice, see the separate instructions			Form 990 (2010)				

Part	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? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
		-	<b></b>	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,		v
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	1		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
		- 高級	£\$\$	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	極数		
	VII, VIII, IX, or X as applicable	20000		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete	١		
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—othersecurities 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	11b		X
С	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	11c		X
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Į	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		174		
O	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b	х	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	140	- 1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1,7	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ł	
	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 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
_	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
ISA		Form	990 (	2010)

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	ĺ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		Х
<b>.</b>	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	Zoa		
D	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	`,*	, ~., ¥	. 1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		×2	Bara.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Part I	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	ļ	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		J	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		j	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	х	
	19? Note All Form 990 filers are required to complete Schedule O	38	990 (	2010)

Par	Check if Schedule O contains a response to any question in this Part V			
	oncorn concade a contains a response to any question in this rare v	• • • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	L[		*
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	j .	. X . Z	٤.
	Did the organization comply with backup withholding rules for reportable payments to vendors and	_ , _ , _ ,		ران د
	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		Sant.	,
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1	7		<u></u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	شكسا	124	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37
<b>.</b>	account)?	4a	Sec. 2	X
D	If "Yes," enter the name of the foreign country ►			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	2 - 23.	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		3	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	200 A	<u> </u>	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
a	required to file Form 8282?	7c /∆%a	: 57 <b>%</b>	X Webus
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	3×34	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		- <u>X</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	277	-25	- 1
	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?	8		
9	Sponsoring organizations maintaining donor advised funds.	380	767	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		45 , 4364
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)		4, 6,	3
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		***************************************
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	18/3	<b>2.</b>	# 4
	Section 501(c)(29) qualified nonprofit health insurance issuers.		* 5	<u>.</u> ;
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	١, ٠,٠		<i>i</i>
			, T	. 3
	the organization is licensed to issue qualified health plans	1. Jan		1
	Enter the amount of reserves on hand	**************************************	15	***
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o Schedule O See instructions		low,	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			,
			Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,	₹' '		:
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			•
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	ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct			l. <i>.</i>
	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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	Х
6	Does the organization have members or stockholders?	6		<del> </del>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	2.5	£* → !;	7
	the year by the following	<u>هوند</u> ور	×	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	•——
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		:	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	· · · · · · · · · · · · · · · · · · ·
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Samuel Samuel	}	استثلثا
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		.,	
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0	v	
40	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	J. 197	- [
15	Did the process for determining compensation of the following persons include a review and approval by	*		7.73
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	X	لئندن
a b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	,55	71.75	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	- ' }	ý	(注: A) _ 。 <u>(</u> )
	with a taxable entity during the year?	16a	, , , , , , , , , , , , , , , , , , , ,	X
b	tama are a			* 4
	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   GA,			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►TRACEY RUSSELL 3097 EAST SHADOWLAWN AVENUE ATLANTA, GA 30305-2403			
	404-231-9064			

58-1367422

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
	and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
		· 1

Section A	Officers.	Directors	Trustees	Key	/ Employ	/ees	and High	hest Cor	npensated	Emplo	1Vees
OCCION A	Officers,	Directors,	i i usices,	110	Lilibio	1000	, and ing	neat coi	IIPEIISALEU	Linpi	JYCC

- 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
- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		<del>, ,</del>			hat app		Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) BRIAN STURGELL										
BOARD MEMBER - PRESIDENT	1.00	X								
(2) HILARY SILVERBOARD										
BOARD MEMBER - SECRETARY	1.00	Х			L_	l				
(3) MARGARET TAYLOR					_					
BOARD MEMBER - TREASURER	1.00	Х								
(4) STEPHEN JAYARAJ										
BOARD MEMBER	1.00	Х								
(5) SUSAN JONES										
BOARD MEMBER	1.00	Х								
(6) LAURIE KNOWLES										
BOARD MEMBER	1.00	Х								
(7) JILL JINKS										
BOARD MEMBER	1.00	Х								
(8) MICHAEL POPICK										
BOARD MEMBER	1.00	Х							-	
(9) BRUCE WHITMER										
BOARD MEMBER	1.00	Х								
(10)MICHAEL WIEN										
BOARD MEMBER	1.00	Х		İ						
(11)CHARLIE CRAWFORD	•									
BOARD MEMBER	1.00	Х								
(12)KELLY WALSH										
BOARD MEMBER	1.00	Х								
(13)SHEILA MCINTOSH										<del></del> -
BOARD MEMBER - VICE PRESIDENT	1.00	Х								
(14)MARY RICHARDS	-									<u>-</u>
BOARD MEMBER	1.00	Х								
(15)EILEEN TORRES										
BOARD MEMBER	1.00	Х	į							
(16)TRACEY RUSSELL					$\neg \uparrow$					·
EXECUTIVE DIRECTOR	40.00			х	ļ	-		162,000.		22,882.

Form 990 (2010)

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Part VII Section A. Officers, Directors, Tr	1	ey Er	npl			and	Hig				T'''		
(A) Name and title	(B)	Posi	tion (	•	C)	hat app	deal	(D) Reportable	(E) Reportable			(F) mated	
Name and the	Average hours per week (descnbe hours for related organizations in Schedule O)		trustee		Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rel organiza (W-2/1099	sation ated ations	ame comp fro orga and	ount of ther ensation m the nization related izations	
(17) LEON FREESE													
CONTROLLER	20.00	ļ	<u> </u>	Х				32,625.					
(18)	_												
(19)													
(20)													
(21)	-												
(22)												, c	
(23)					-							<del></del>	
(24)													
(25)										-			
(26)													
(27)													
(28)													
1b Sub-total							▶	194,625.			2	2,88	2.
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)					• •		<b>&gt;</b>	194,625.				2,88	2
Total number of individuals (including but not lim reportable compensation from the organization)	nited to thos	e liste	ed a				_		000 in			2,00	<u> </u>
reportable compensation from the organization	<u> </u>		<u> </u>								1	Yes N	No.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	3	
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,000	)?	If "Y	es,"	complete Schedu	ule J for	such		X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue coi	mpen	satio	on f	rom	any	unr	related organizatio	n or indiv	idual	5		X
Section B. Independent Contractors	es, comple	ie 00	icat	<i>TIC</i> 0	101	30011	рег	3011		• • •	<u> </u>		
Complete this table for your five highest compensation from the organization	compensate	ed in	dep	end	ent	cont	ract	ors that received	more th	an \$10	0,000	of	
(A) Name and business addi	ress							(B) Description of serv	rices	С	(C) compensa	tion	
ATTACHMENT 1													
		···					+						
													_
2 Total number of independent contractors (in				uted			e lu	sted above) who	received	7 7		Z	
more than \$100,000 in compensation from the	e organizat	ion 🕨	<u> </u>			3				600			

*	ž.		\$ 1 dd	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 514
ounts	1a b	Federated campaigns 1a  Membership dues 1b					****
ar am	c d	Fundraising events 1c Related organizations 1d					
Ē	e	Government grants (contributions) 1e					· Profits
and other similar amounts	1	All other contributions, gifts, grants, and similar amounts not included above . 1f	802,793				Contract of the second
	g h	Noncash contributions included in lines 1a-1f \$ .  Total. Add lines 1a-1f	47,000 	802,793			a <del>n puncardinamen</del> agartus
			Business Code	500 de 100 d		The second secon	\$
<u>;</u>   ;	2a	RACE ENTRY FEES	711300	2,949,529	2,949,529		
;		TRAINING PROGRAMS	611600	29,306	29,306		
:	_	ADVERTISING	541800	8,217		8,217	
<u>i</u>	d	MEMBERSHIP	713940	238,360	238,360		
	е	TRADE SHOW/CONVENTION	611600	152,724			152,7
?	f ~	All other program service revenue			K 124 / 24 /		
		Total Add lines 2a-2f		3,378,136	** 588%, 5864		100
3	3	Investment income (including dividends, inter	est, and				
		other similar amounts) ATTACHMENT	_				36,1
4	4	Income from investment of tax-exempt bond	_	0.			
5	5	Royalties · · · · · · · · · · · · · · · · · · ·		0	1828. JOSS 8 N	Y . * .5/8//	i wet
		(ı) Real	(II) Personal		37.70		
6	Sa	Gross Rents	0 7,742				
	b	Less rental expenses	0 7,742				
i	С	Rental income or (loss)	0 0		18.00 40.25		
ľ	d	Net rental income or (loss)	<u></u> ▶	0.		0	
١.	7.0	Gross amount from sales of (i) Securities	(II) Other	SALL ARE SARA			
'	7a	assets other than inventory		***			
	b	Less cost or other basis					
					. 35		
1	_	and sales expenses			BERNESS OF		
	c d	Gain or (loss)		-37-15	IX-2		3/3/1
}   E	o Ba	Net gain or (loss)					
:		events (not including \$					ž 6-🍇
;		of contributions reported on line 1c)					
		See Part IV, line 18	a				
	b	Less direct expenses	ь	نت سامان التعال	Note that the state of the stat		
		Net income or (loss) from fundraising events	. <u></u>	0	*** 735		
1.	а	Gross income from gaming activities		Carlotte Contract	· / 34 3 2 2 2 4	( <b>德</b> ) - <b>4</b> (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	٢
		See Part IV, line 19	a				<b>*</b>
			b				
		Net income or (loss) from gaming activities .		0			
10		Gross sales of inventory, less			4.6.	- 18 18 18 18 18	
'"		returns and allowances	a 29,903		. ' '		
							- · · ·
		Less cost of goods sold		10 070	10.020	16	and the second s
$\vdash$		Miscellaneous Revenue	Business Code	10,078	10,078	<u> </u>	- X. Z.
$\vdash$		<del></del>	<del></del>			- Carrie	
11	a l	REIMBURSED EXPENSES	900099	4,927	4,927		<del></del>
	b			<u>-</u> -			
- 1	С						
			1	l i			
		All other revenue			State	J. W. F. W. T. J. J.	

#### 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)

	All other organizations must comple on tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	· · · · · · · · · · · · · · · · · · ·		expenses	general expenses	expenses
1	3	112 021	112 021		
_	organizations in the U S See Part IV, line 21	113,821.	113,821.		
2	Grants and other assistance to individuals in	110,742.	110,742.		·
_	the U.S. See Part IV, line 22	110,742.	110,742.	· · · · · · · · · · · · · · · · · · ·	<del></del>
3	Grants and other assistance to governments,			***************************************	4
	organizations, and individuals outside the	45 250	45 250	• •	
	U S See Part IV, lines 15 and 16	45,250.	45,250.	<u> </u>	3
4	Benefits paid to or for members	0.		· · · · · · · · · · · · · · · · · · ·	, , , , , ,
5	Compensation of current officers, directors,	006.000	10. 5.0		
	trustees, and key employees	226,803.	124,742.	79,381.	22,680.
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	623,579.	467,684.	155,895.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	50,634.	37,976.	12,658.	
9	Other employee benefits	40,782.	30,587.	10,195.	
10	Payroll taxes	59,831.	44,873.	14,958.	
11	Fees for services (non-employees)				
а	Management	0.			
	Legal	0.			1-11
	Accounting	40,732.		40,732.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.	3/3/3/3	\$ *********	· · · · · · · · · · · · · · · · · · ·
	Investment management fees	0.	2/3 : 78/ 14/4/14/4/14		***************************************
	Other	207,664.	207,664.		
12	Advertising and promotion	25,119.	25,119.		
13	- · ·	177,906.	133,430.	44,476.	
14	Office expenses	54,319.	27,160.	27,159.	
	Information technology	0.	27,100.	27,133.	
15	Royalties	74,446.		74,446.	· · · · · · · · · · · · · · · · · · ·
16	Occupancy	62,418.	49,934.		
17	Travel	02,410.	49,934.	12,484.	
18	Payments of travel or entertainment expenses	, 1			
	for any federal, state, or local public officials	0.		2 505	
19	Conferences, conventions, and meetings	8,597.		8,597.	
20	Interest	3,503.		3,503.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	37,344.	29,875.	7,469.	
23	Insurance	16,425.	14,783.	1,642.	, , , , , , , , , , , , , , , , , , , ,
24	Other expenses Itemize expenses not covered			* * * * * * * * * * * * * * * * * * *	
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column			<	· , , , , , , , , , , , , , , , , , , ,
	(A) amount, list line 24f expenses on Schedule O)		<u> </u>		<u> </u>
а	T-SHIRTS, GIFTS & PRIZES	556,927.	529,081.	27,846.	
	EQUIPMENT & RENT	507,756.	507,756.		
С	OTHER RACE EXPENSES	318,847.	318,847.		
ď	MAGAZINE EXPENSES	158,968.	158,968.		
е	RACE SUPPLIES	66,102.	66,102.		
	All other expenses	131,693.	129,245.	2,448.	<del></del>
	Total functional expenses Add lines 1 through 24f	3,720,208.	3,173,639.	523,889.	22,680.
26	Joint Costs. Check here   If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2, 23,2331	2, 2.0, 333.	523,003.	22,000.

Fe	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,712,187.	1	0.
	2	Savings and temporary cash investments			250,948.	2	2,382,452.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17,675.	4	41,749.
	5	Receivables from current and former officers,	dire	ctors, trustees, key		:	* * * * * * * * * * * * * * * * * * * *
		employees, and highest compensated employe	es (	Complete Part II of	- marris i de marris de ma		
	1	Schedule L				5	
	6	Receivables from other disqualified persons (as defined und			1 3 . ( )	1 5	*******
		described in section 4958(c)(3)(B), and contributing employers	consoning organizations of	~			
		section 501(c)(9) voluntary employees' beneficiary organizations	(see in	structions)		6	
Assets	7	Notes and loans receivable, net				7	
18S	8	Inventories for sale or use			4,494.	8	10,150.
4	9	Prepaid expenses and deferred charges		ATCH 4	61,959.	9	106,437.
	10 a	Land, buildings, and equipment cost or				1	the think .
	ļ	other basis Complete Part VI of Schedule D		895,384.		(A)	
	Ь	Less accumulated depreciation		501,657.	344,272.		393,727.
	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	2,975.
	16	Total assets. Add lines 1 through 15 (must equal lin				16	2,937,490.
	17	Accounts payable and accrued expenses		17	97,104.		
	18	Grants payable				18	
	19	Deferred revenue				19	176,924.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete				21	
Liabilities	22	Payables to current and former officers,				49.7	(A. A. A. M. M.
abil	1	employees, highest compensated employees, a			and the second s		
Ë		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated	third	parties ATCH.6.	19,407.	23	16,910.
	24	Unsecured notes and loans payable to unrelated the	rd par	ties		24	
	25	Other liabilities Complete Part X of Schedule D		<i>.</i>		25	
	26	Total liabilities. Add lines 17 through 25		i	259,787.	26	290,938.
es		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	▶	X and complete		(A)	
ĕ	27	Unrestricted net assets			2,134,723.	27	2,646,552.
ag	28	Temporarily restricted net assets				28	
8	29	Permanently restricted net assets				29	
or Fund Balanc		Organizations that do not follow SFAS 117, check complete lines 30 through 34.	here	▶ ☐ and			
ī	30	Capital stock or trust principal, or current funds .			and the state of t	30	men e mmanulità manta e i mi dia 14
Se	31	Paid-in or capital surplus, or land, building, or equip				31	
As	32	Retained earnings, endowment, accumulated incom				32	
Net Assets	33	Total net assets or fund balances			2,134,723.	33	2,646,552.
_	34	Total liabilities and net assets/fund balances			2,394,510.	34	2,937,490.

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Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	4,23	32,0	)37.
2	Total expenses (must equal Part IX, column (A), line 25)	3,72	20,2	208.
3	Revenue less expenses Subtract line 2 from line 1	5.1	11,8	329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,13	34,7	23.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	2,64	16,5	552.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	3000	176	٠ ١
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	SEA		Hank.
	issued on a separate basis, consolidated basis, or both			100
	X Separate basis Consolidated basis Both consolidated and separate basis	-	<u>₹</u> }	迹
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		Х
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** (2010)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

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

► Attach to Form 990 or Form 990-EZ ► See separate instructions OMB No 1545-0047 2011

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 58-1367422 ATLANTA TRACK CLUB, INC. 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 b \_\_\_ Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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) If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(m) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (vii) Amount of (IV) is the (v) Did you notify (vi) Is the organization (described on lines 1-9 the organization organization in support col (i) listed in above or IRC section in col (i) of col (i) organized your governing (see instructions)) your support? No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning ın)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	636, 362	639,165	855,152	81,070	802,793	3,014,542
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	636,362	639,165	855,152	81,070	802,793	3,014,542
5	The portion of total contributions by each person (other than a governmental unit or						
	publicly supported organization) included		· 秦 · 美 · 燕				
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,503,741
6	Public support. Subtract line 5 from line 4	C. M. A.	36 75 34 8		0.450.000.000.000.000	Z-1/50 (000)	···
	tion B. Total Support	1482 / 18 + 1-186	19 4 1 M 1	NATION OF STREET STREET,	STATE OF THE STATE OF THE STATE OF	\$5500 Jr J-3030 VI C C C C C C C C C C C C C C C C C C	1,510,801
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	636,362	639,165	855, 152	81,070	802,793	3,014,542
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,455	65,396	30,037	5,979	36,103	200,970
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		Til 00 V 20 14 17 18	- 1 er b 2 200 i - 3		, J. C > 40 L	
11	Total support. Add lines 7 through 10				<b>3</b>		3,215,512
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	11,485,426
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	·					
14	Public support percentage for 2010 (line		-			14	46.98%
15	Public support percentage from 2009 S					15	46.09%
16a	33 1/3 % support test - 2010. If the o	-					
	this box and stop here. The organization						<b>▶</b> [X]
b	33 1/3 % support test - 2009. If the contact this box and stop here. The organization						
170		•	, ,				
17a	10%-facts-and-circumstances test - 2 or more, and if the organization metal Part IV how the organization meets to	eets the "facts-	and-circumstant	ces" test, chec	k this box and	d stop here. E	xplaın ın
b	organization		ganization did n	ot check a box	on line 13, 16		and line
	15 is 10% or more, and if the organization in Part IV how the organization supported organization	on meets the "t	facts-and-circum	stances" test	The organization	n qualifies as a	
18	Private foundation. If the organization instructions	n did not chec	k a box on line	e 13, 16a, 16b,	17a, or 17b,	check this box	
		<u> </u>	<u> </u>	<del> </del>			

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
С	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	:					}
	received (Do not include any "unusual grants ")					<u></u>	1
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		İ				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					ļ	
	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						
7 a	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	1					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b	Second en la la la la la la la la la la la la la	 	Attacher Appl		N. 100 N. 11 Oct 12	
8	Public support (Subtract line 7c from						
				次 (第 ) (第 ) (第		1.7% 2.7%	L
	tion B. Total Support	1					T
C	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						1
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	l					
	acquired after June 30, 1975						
С	Add lines 10a and 10b				-		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carned on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)					-	
14	First five years. If the Form 990 is for						
C	organization, check this box and stop here			<u> </u>		· · · · · · · · · ·	▶ 🔃
	tion C. Computation of Public Sup			(0)			
15	Public support percentage for 2010 (line 8, c	` '	•			15	%
16	Public support percentage from 2009 Schedu			· · · · · · · · · · · · · · · · · · ·	• • • • • • • •	16	%_
	tion D. Computation of Investmen				<del></del>		
17 40	Investment income percentage for 2010 (lii					17	<u>%</u>
18	Investment income percentage from 2009					18	<u>%</u>
19 a	33 1/3 % support tests - 2010 If the org	-		•		•	
	17 is not more than 331/3 %, check th	-	-	· ·		•	
a	33 1/3 % support tests - 2009 If the orga						·
	line 18 is not more than 331/3 %, check Private foundation. If the organization			•			<b>——</b>
20			a oux on noe 1	⇔ i∃a of 19D	THE NOTE AND A STREET	s and see insir	aciions 🖊 📗 📗

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Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Also complete this part for any additional information (See instructions)

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

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ידי ע	LANTA TRACK CLUB, INC.			58-1367422
_		vised Frends on Othe	- Cimilan Francis	
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 9	990, Part IV, line 6	r Similar Funds or	Accounts Complete if the
		(a) Donor advi	sed 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 ad			1 1 1
_	funds are the organization's property, subject to the			· · · · · · · · · · · · Yes L No
6	Did the organization inform all grantees, donors, and			
	used only for charitable purposes and not for the be			
_	purpose conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	<del></del>	······· Yes 🔲 No
Pai	t II Conservation Easements. Complete if			m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the c	organization (check all th	at apply)	
	Preservation of land for public use (e.g., recreation	ation or education)	Preservation of	an historically important land area
	Protection of natural habitat		I I	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	d a qualified conservation	n contribution in the f	orm of a conservation
	easement on the last day of the tax year			
			Γ	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified his			2c
d	Number of conservation easements included in (c) a		• •	20
u	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transfe			
,	tax year >	erreu, reieaseu, exiirigui	sned, or terminated b	y the organization during the
4	Number of states where property subject to conserve	ation account in least-		
5				
3	Does the organization have a written policy regardin violations, and enforcement of the conservation ease			
c				
6	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing c	onservation easemen	ts during the year
_	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conse	rvation easements du	iring the year
_	<b>S</b>			
8	Does each conservation easement reported on line 2			
_	(i) and 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIV, describe how the organization reports or			
	balance sheet, and include, if applicable, the text of		iization's financial sta	tements that describes the
Б.	organization's accounting for conservation easemen			
Par	Organizations Maintaining Collections Complete if the organization answered	S Of Art, Historical 11	reasures, or Other	Similar Assets.
	- · · · · · · · · · · · · · · · · · · ·			
1a	If the organization elected, as permitted under SI	FAS 116 (ASC 958), n	ot to report in its re	venue statement and balance sheet
	If the organization elected, as permitted under Si works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the fe	ar assets neid for pub notnote to its financial s	iic exhibition, educa	ition, or research in turtherance of tibes these items
b	If the organization elected, as permitted under	SEAS 116 (ASC 958)	to report in its rev	venue statement and halance shoot
-	works of art, historical treasures, or other similar	ar assets held for pub	lic exhibition educa	ation or research in furtherance of
	public service, provide the following amounts relati	ng to these items		mon, or recourse in fatherance of
	(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 a			
-	following amounts required to be reported under S			isoto ioi ilitanciai gairi, provide the
а	Revenues included in Form 990, Part VIII, line 1 .			<b>b</b> \$
b	Assets included in Form 990, Part X			
	aperwork Reduction Act Notice, see the Instructions for F		·····	Schedule D (Form 990) 2010
	,			Concade D (1 Orin 330) 2010

Pai	t III Organizations Maintain	ing Collec	tions o	of Art, Histo	orical 1	reasure	s, or	Other Similar	Assets(cor	itinued	)
3	Using the organization's acquisite collection items (check all that app	on, accession)	on, and	other reco	rds, che	eck any o	of the	following that	are a signific	ant us	e of its
а	Public exhibition	••		d [	٦ . i	oan or exc	change	e programs			
b	Scholarly research			e		ther	snange	programs			
c	Preservation for future ge	nerations									
4			allaction	e and eval	ain haw	thou fur	thar H	ha araanization			Daw
4	Provide a description of the orga	mzauons d	onection	is and expi	am now	r they lut	mer u	ne organization	is exempt p	ırpose	in Pan
_	XIV										
5	During the year, did the organization									ſ	
	assets to be sold to raise funds rat									Yes	No
Pai	t IV Escrow and Custodial A line 9, or reported an am	Arrangeme Jount on Fo	orm 990	omplete if ti 0, Part X, li	ne orga ne 21	inization	answ	ered "Yes" to	Form 990, I	<sup>2</sup> art IV	,
1a	Is the organization an agent, trusted	e. custo diai	n or othe	er intermedia	irv for co	ontribution	ns or of	ther assets not			
	included on Form 990, Part X?									Yes	□ No
h	If "Yes," explain the arrangement in									i es [	140
~	in 100, explain the arrangement in	i ait XI v ai	ia comp	Siete the folio	wing ta	bie			Amount		
С	Beginning balance						4-	·····	Amount	<del></del>	
٦	Additions during the year							* .	<del></del>		
u								<del></del>			
e	Distributions during the year										
7	Ending balance										
2a	· ·		rm 990,	Part X, line	217 .				• • • • • •	Yes	No
	If "Yes," explain the arrangement in			<del></del>							
Par	t V Endowment Funds. Cor										
	5	(a) Current	year	(b) Pnor ye	ar	(c) Two year	ars back			) Four yea	ars back
1a	Beginning of year balance							新 等於 等		<u> </u>	<u>. 15 C</u>
b	Contributions							<b>直发发</b>		<u> (() () () () () () () () () () () () ()</u>	ž. 3
С	Net investment earnings, gains,		ľ						r *	1.	<b>维</b>
	and losses									*	
	Grants or scholarships							Z 11.48 .6	£ 39-63 &	. £	· ya
е	Other expenditures for facilities .							97 (100)	F 7 7 7 7	Day's	1 4
	and programs		[		- 1						
f	Administrative expenses					<del></del>				<u> </u>	1 13.
g	End of year balance								19 20 1		70.70
2	Provide the estimated percentage of	fthe v eare	end bala	nce held as							455.84
а	Board designated or quasi-endowm			%							
ь	Permanent endowment			'							
С	Term endowment ▶	~ <i>`</i>									
3a	Are there endowment funds not in the		cion of t	he organizat	on that	are hold a	and ad	ministored for th			
	organization by	ic pos 303.	31011 01 11	ile organizat	ion that	are riela a	anu au	ministered for tr	IC	Ye	
	,								Г		s No
	(i) unrelated organizations								)—	a(i)	
	(ii) related organizations									a(ii)	
	If "Yes" to 3a(II), are the related orga						• • •	• • • • • • •	• • • • • 🕒	3b	
4	Describe in Part XIV the intended us										
Par					t X, line	e 10.					
	Description of investment	1		or other basis stment)		or other bas (other)	sis (	(c) Accumulated depreciation	( <b>d)</b> Bo	ok value	
1a	Land					40,48	0.\$			40,	,480.
b	Buildings	[				449,32		217,869.		231,	458.
С	Leasehold improvements										
	Equipment	<u> </u>				386,99	4.	269,302		117	692.
	Other	<b>!</b> —				18,58	-	14,486			,097.
	I. Add lines 1a through 1e (Column		ual For	n 990 Part \	Colum			14,400			727.
	The column	137201 041		555, r art /	., coluin	(2), 1116	· · (·)	<i>,</i>		J J J J ,	141.

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	al derivatives		
(2) Closely	-held equity interests		
(3) Other_			
(A)			
	~~~~~~~~~~~~		
<u>(D)</u>			
(E)			
<del>(F)</del>			
(G)			
<u>(H)</u> (I)			
<del>``</del>	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related. See F	orm 990 Part X line	
· are viii	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Part IX	on (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. See Form 990, Part X, line	- 1 <i>E</i>	
TAILIA		Description	(b) Book value
(1)	(4)	Description	(D) BOOK VAIDE
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities. See Form 990, Part X,		. (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3
1. (1) Fodor	(a) Description of liability	(b) Amount	
(2)	al income taxes		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	
	ASC 740) Footnote In Part XIV provide the text	of the feetnete to the	organization's financial statements that sand to the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

JSA 0E1270 1 000

58-1367422 Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 4,232,037. Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,720,208. 2 Total expenses (Form 990, Part IX, column (A), line 25) 511,829 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 4 5 6 6 7 Other (Describe in Part XIV ) 8 Total adjustments (net) Add lines 4 through 8 ...... 9 9 511,829. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part 4,254,677. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains on investments b Donated services and use of facilities .......... Other (Describe in Part XIV) 4,254,677. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b ..... b Other (Describe in Part XIV ) -22,640. c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 4,232,037. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 3,742,848. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 b Prior year adjustments Other losses d Other (Describe in Part XIV ) 22,640. 22,640. e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 . . . . . . . . . . . . 3,720,208. 3 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 **b** Other (Describe in Part XIV) c Add lines 4a and 4b 3,720,208. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information SEE PAGE 5

PART X, LINE 2

ATC IS AN ORGANIZATION FOUNDED AND OPERATED FOR THE EXCLUSIVE PURPOSE OF FOSTERING NATIONAL OR INTERNATIONAL AMATEUR SPORTS AND HAS BEEN GRANTED NONPROFIT STATUS BY THE IRS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, ATC IS EXEMPT FROM FEDERAL INCOME TAXES ON THE EXCESS OF ITS REVENUES OVER ITS EXPENSES. THIS EXEMPTION PROVIDES THAT DONORS MAY DEDUCT CONTRIBUTIONS TO ATC AS PROVIDED BY SECTION 170 OF THE INTERNAL REVENUE CODE.

---

FURTHER, ATC HAS BEEN FOUND NOT TO BE A PRIVATE FOUNDATION UNDER THE IRS CODE SECTION 509 (A)(1) AND ACCORDINGLY, ATC IS SUBJECT TO A TAX ONLY ON UNRELATED BUSINESS INCOME. NO INCOME OR EXCISE TAXES ARE APPLICABLE TO THE PERIODS ENDED DECEMBER 31, 2010 AND 2009.

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ATC ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS ATC TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION.

PART XII, LINE 4B

(\$ 7,742) EQUIPMENT RENTAL EXPENSES MOVED TO STATEMENT OF REVENUES

(\$19,825) COST OF GOODS EXPENSES MOVES TO STATEMENT OF REVENUES

\$ 4,927 INCOME FROM REIMBURSEMENT OF EXPENSES

\_\_\_\_\_

(\$22,640)

Schedule D (Form 990) 2010

PART XIII, LINE 2D

\$ 7,742 EQUIPMENT RENTAL EXPENSES MOVED TO STATEMENT OF REVENUES

\$19,825 COST OF GOODS EXPENSES MOVES TO STATEMENT OF REVENUES

(\$4,927) REIMBURSED EXPENSES NETTED WITH INCOME

\$22,640

# SCHEDULE F (Form 990)

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16

► Attach to Form 990 ► See separate instructions

OMB No 1545-0047
2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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?

X Yes No.

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

3 Activities per Region (The following (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL/HOTEL	750
(2) EUROPE	0	0	PROGRAM SERVICES	TRAVEL/HOTEL	750
(3) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL/HOTEL	750
(4) RUSSIA/INDEPENDENT STATES	0	0	PROGRAM SERVICES	TRAVEL/HOTEL	3,000
(5) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL/HOTEL/PRIZES	40,000
(6) SOUTH ASIA	0	0	PROGRAM SERVICES	RUNNING EVENTS	5,652
(7) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RUNNING EVENTS	11,303
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			62,205
c Totals (add lines 3a and 3b)	0	0			62,205

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

Schedule F (Form 990) 2010

Page 2

58-1367422

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 Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2010

Part | Grants a

(I) Method of valuation (book, FMV, appraisal, other)									!		•			
(h) Description of non-cash assistance														
(g) Amount of non-cash assistance														
(f) Manner of cash disbursement														
(e) Amount of cash grant														
(d) Purpose of grant														
(c) Region														
(b) IRS code section and EIN (if applicable)														
(a) Name of organization	1)			(6)	(2) W	(8) *** *** (8)	(6)	(10)		12)	13)	14)	(5)	(16)

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.

Enter total number of other organizations or entities 7

6

V 10-7.1

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Schedule F (Form 990) 2010

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Page 3 Schedule F (Form 990) 2010

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.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) TRAVEL EXPENSE	EAST ASIA/PACIFIC	-			750	PLANE/HOTEL	COST
(2) TRAVEL EXPENSE	EUROPE/ICELAND/GREENLAND	1			750	PLANE/HOTEL	COST
(3) TRAVEL EXPENSE	MIDDLE EAST/NORTH AFRICA	1			750	PLANE/HOTEL	COST
(4) TRAVEL EXPENSES	RUSSIA	4			3,000	PLANE/HOTEL	COST
(5) TRAVEL EXPENSES	SUB-SAHARAN AFRICA	36			27,000	PLANE/HOTEL	COST
(6) PRIZES	SUB-SAHARAN AFRICA	9	13,000	MAIL	1		
(2)							
(8)							
(6)					· 1		
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2010

chedule F	(Form	990)	2010

Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

PART 1, LINE 2

IN ORDER TO MAINTAIN THE AJC PEACHTREE ROAD RACE'S STATUS AS A PREMIER INTERNATIONAL EVENT, AND TO CREATE COMPETITION, IT IS DESIRABLE TO INCLUDE THE TOP RUNNERS FROM ALL OVER THE WORLD. ATHLETES WHO ARE CURRENTLY IN EXCELLENT FORM ARE INVITED TO COMPETE IN THE PEACHTREE ROAD RACE IN ATLANTA, GEORGIA. AN OFFER IS MADE TO REIMBURSE PART OF THEIR LODGING AND TRAVEL EXPENSES, INCLUDING INTERNATIONAL AIR FARES. THE TOP FINISHERS IN THE RACE WIN PRIZE MONEY. IF INTERNATIONAL ATHLETES PLACE WELL ENOUGH, THEY ARE ELIGIBLE FOR PRIZE MONEY AND ARE PAID BY CHECK, NET OF ANY APPLICABLE WITHHOLDING TAXES. SOME OF THESE CHECKS ARE MAILED TO THE ATHLETES IN THEIR HOME COUNTRIES, ONCE RESULTS ARE RECEIVED FROM THE US ANTI-DOPING AGENCY.

PART 1, LINE 3

THE ATLANTA TRACK CLUB CO-HOSTED THE PEACHTREE FOR THE U.S. ARMED FORCES AT SIX LOCATIONS IN AFGHANISTAN, IRAQ AND KUWAIT. OVER 3200 MILITARY PERSONEL PARTICIPATED IN THE 2010 OVERSEAS RACES THAT TOOK PLACE ON OR NEAR JULY 4TH. ALL PARTICIPANTS RECEIVED OFFICIAL PEACHTREE NUMBERS AND THE COVETED PEACHTREE T-SHIRT. THE ATC ALSO PROVIDED OFFICIAL START AND FINISH LINE BANNERS FOR EACH OF THE RACES.

JSA

# SCHEDULE I (Form 990)

Grants ar Governmer

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

	OMB No 1545-0047
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Open to Public

Employer identification number 58-1367422 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ATLANTA TRACK CLUB, INC. Department of the Treasury Name of the organization Internal Revenue Service

GILL General Information on Grants and Assistance	Assistance						
Does the organization maintain records to substantiate	antiate the arr	nount of the grai	nts or assistance, th	ne grantees' eligibil	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	[
the selection criteria used to award the grants or assistance?	r assistance?						Yes X No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	s for monitorir	ng the use of gra	ant funds in the Uni				
Form 990, Part IV, line 21, for any recipient that r	vernments a	and Organiza eceived more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	tion answered "Ye	s" to 000 Part
(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) VARIOUS GRANTS < \$5,000			36, 38		ouer)		VARIOUS
2) ATLANTA TRACK CLUB FOUNDATION, INC. 3097 EAST SHADOMLAWN AVE ATLANTA, GA 30305	58-1872627		20,000.				LOCAL YOUTH PROGRAM
2) GEORGIA HIGH SCHOOL ASSOCIATION	8101003-82		12 203				HIGH SCHOOL AWARDS
HENRY W GRADY HEALTH	58-2130437		15.000				EWS CYCLE PROGRAM
(5)							
(6)							
(7)							
(8)							
(6)							
0.							
11,							
2]							
Enter total number of section 501(c)(3) and government Enter total number of other organizations	1	organizations					
or Paperwork Reduction Act Notice, see the Instructions		for Form 990.				Schedu	Schedule I (Form 990) (2010)

JSA 0E12882\_06TYOHC 9242 8/4/2011

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Schedule 1 (Ft	Schedule I (Form 990) (2010)		58.	58-1367422		Pag	Page 2
Part III	Grants and Other Assistance to Individuals in the Ur Part III can be duplicated if additional space is needed	uals in the Unice is needed	iited States. Cor	nplete if the org	ganizatıon answered '	s in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1 PRIZES	S	47	98,142				
2 TRAVE	2 TRAVEL EXPENSES	36		12,600	COST	PLANE/HOTEL	
ო							
4							
5							
9							
7							
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	s part to provi	de the informatic	on required in F	art I, line 2, and any	other additional information.	

Schedule I (Form 990) (2010)

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#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990 ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

ATLANTA TRACK CLUB, INC. 58-1367422 **Questions Regarding Compensation** Part I No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 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? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Х Independent compensation consultant Compensation survey or study Х Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? **4**a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? . . . . . . . . . 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III X 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe Х

For Paperwork Reduction Act Notice, see the Instructions for Form 990  $\,$ 

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	eldexeluo(())	(F) Total of columns	(F) Compensation
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
1 TRACEY RUSSELL	€ €	162,000.	0.	0.	16,200.	7,353.	185,553.	0
2	€€							
6	ΞΞ							
4	ΞΞ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5	3 3							
	€ €							
7	<b>€</b> €							
8	€ €							
6	3 3							
10	ΞΞ							
11	€€							
12	(ii)							
13	(E)							
14	(i)							
15	(i)							
16	ΞΞ							
4SI							Schei	Schedule J (Form 990) 2010

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Schedule J (Form 990) 2010

# Schedule J (Form 990) 2010

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.

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047
2010
Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

LANTA TRACK CLUB, INC

Employer identification number 58-1367422

ATI	ANTA TRACK CLUB, INC.	_			30-136/422
Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications		100 m		
5	Clothing and household				
	goods	Х		25,000.	COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic	1			
	structures				
14	Qualified conservation	1			
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►( AIRLINE TICKETS )		1.	22,000.	FAIR MARKET VALUE
26	Other ►()				
27	Other ►()				-
28	Other ►()				
29	Number of Forms 8283 received				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledge	ement	29
					Yes No
30 a	During the year, did the organization				1 1 1 1
	it must hold for at least three year				
	used for exempt purposes for the e		period?		30a X
b	If "Yes," describe the arrangement in				
31	Does the organization have a	gift accept	ance policy that require	s the review of any	non-standard
	contributions?				31 X
32 a	Does the organization hire or use	e third part	es or related organizations	s to solicit, process, or	sell noncash
					32a X
b	If "Yes," describe in Part II				n) is checked
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a	ı) ıs checked, 🏻 🐩 👢 🔏 🔌
	describe in Part II				

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
ATLANTA TRACK CLUB, INC

Employer identification number 58-1367422

FORM 990, PART VI, SECTION A, LINE 2

LAURIE KNOWLES AND BRIAN STURGELL - FAMILY AND BUSINESS RELATIONSHIP

CHARLIE CRAWFORD AND JILL JINKS - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6

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

BASIC MEMBERSHIP AT \$ 20

INDIVIDUAL MEMBERSHIP AT \$ 35

DUAL MEMBERSHIP AT \$ 50

FAMILY MEMBERSHIP AT \$ 60

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

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

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

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

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

VOTES. MEMBERS MUST APPROVE THE DECISIONS OF THE BOARD REGARDING CHANGES

IN BY-LAWS.

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

AFTER A THOROUGH REVIEW BY THE FINANCE COMMITTEE, A COPY OF THE FINAL

DRAFT 990 IS SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW.

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

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

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

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

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

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

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

COMMITTEE TO DETERMINE WHETHER CONFLICTS EXIST WITH RESPECT TO THE BOARD

MEMBERS AND COMMITTEE MEMBERS. THE EXECUTIVE DIRECTOR SERVES AS THE

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

AND SAID PERSON WILL BE PROHIBITED FROM PARTICIPATING IN THE GOVERNING

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

EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE EXECUTIVE

COMMITTEE SERVING AS THE COMPENSATION COMMITTEE. NO MEMBERS OF THIS

COMMITTEE HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION

ARRANGEMENT AT ISSUE. DATA WAS USED AS COMPARABLE COMPENSATION FOR

SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT

SIMILARLY SITUATED TAX EXEMPT ORGANIZATIONS. A DETAILED POLICY FOR THE

EXECUTIVE DIRECTOR'S COMPENSATION REVIEW HAS BEEN ADOPTED AND APPROVED

AND WILL BE USED GOING FORWARD.

FORM 990, PART VI, SECTION B, LINE 19
INFORMATION IS AVAILABLE UPON REQUEST.

Name of the organization
ATLANTA TRACK CLUB, INC.

Employer identification number

58-1367422

PERIOD CHANGE FROM PREVIOUS YEAR

THE ATLANTA TRACK CLUB CHANGED ITS YEAR END FROM SEPTEMBER 30 TO DECEMBER 31 IN 2009. AN AUDIT WAS PERFORMED FOR CALENDAR YEAR 2009; HOWEVER, A SEPARATE AUDIT WAS NOT COMPLETED FOR THE PERIOD COVERED BY THE RETURN BEGINNING OCTOBER 1, 2009 AND ENDING DECEMBER 31, 2009. AN AUDIT HAS BEEN PERFORMED FOR THE CALENDAR YEAR COVERED BY THIS RETURN.

ΑТ	TA	CHMENT	1	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COTTON GRAPHICS 5600 NEW PEACHTREE ROAD ATLANTA, GA 30341	T-SHIRT PRINTING	295,850.
NEW SOUTH PUBLISHING 450 NORTHRIDGE PARKWAY, STE 202 ATLANTA, GA 30350	PUBLISHING	151,964.
EVENT MARKETING AND MANAGEMENT INT' 1013 MONTANA ST ORLANDO, FL 32803	L EVENT TIMING	164,369.
TOTAL	COMPENSATION	612,183.

FORM 990, PART VIII - INVESTMENT IN	COME		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	18	4.		184.
INTEREST INCOME	35,91	9.		35,919.
TOTALS	36,10	3.		36,103.

ATTACHMENT 6

BOOK VALUE

176,924.

176,924.

DESCRIPTION

DEFERRED REVENUE

TOTALS

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
ATLANTA TRACK CLUB, INC.	58-1367422
	ATTACHMENT 6 (CONT'D)
FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE	
LENDER: TOSHIBA BUSINESS SOLUTIONS	
ORIGINAL AMOUNT: 19,779.	
BEGINNING BALANCE DUE	19,407.
ENDING BALANCE DUE	16,910.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	19,407.

16,910.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

#### RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
EQUIPMENT	7,742.		7,742.	
TOTALS	7,742.		7,742.	

# Form 8868

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

THOTTAL TRAVE	5 05.7100					
	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo					<b>&gt;</b> X
	plete Part II unlessou have already been gran				•	
a corporation 8868 to red Return for instructions)	ling (e-file) You can electronically file Form in required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not au forms liste al Benefit nis form, vi	stomatic) 3-month extension of time ed in Part I or Part II with the exce Contracts, which must be sent to sit www.irs.gov/efile and click on e-i	You can ele ption of Form the IRS in	ctronicall n 8870, paper f	ly file Form Information format (see
	tomatic 3-Month Extension of Time. Or					
	n required to file Form 990-T and requesting ar					
Part I only						▶□
	porations (including 1120-C filers), partnerships	s, REMICs,	and trusts must use Form 7004 to re	quest an exte	nsion of t	time
to file income	Name of exempt organization			Employer ide	ntification	number
Type or	ATLANTA TRACK CLUB, INC.			1		
print	Number, street, and room or suite no If a P O box	see instruc	tions	38-1.	367422	<del></del>
File by the due date for	3097 EAST SHADOWLAWN AVENUE	, 000				
filing your	City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions			
return See instructions	ATLANTA, GA 30305-2403		, , , , , , , , , , , , , , , , , , , ,			
	711341111111111111111111111111111111111		<del></del>			<del></del>
Enter the Re	turn code for the return that this application is f	or (file a se	eparate application for each return)		· · · · ·	01
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-BL	•	02	Form 1041-A			08
Form 990-EZ		03	Form 4720			09
Form 990-PF		04	Form 5227			10
Form 990-T (	sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (	trust other than above)	06	Form 8870	<del></del>		12
Telephone If the orga If this is fo for the whole a list with the	are in the care of ► TRACEY RUSSELL  No ► 404 231-9064  Initiation does not have an office or place of but a Group Return, enter the organization's four group, check this box ► If names and EINs of all members the extension at an automatic 3-month (6 months for a corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corporate of the corpora	usiness in to digit Grou it is for pai to is for ration requi	p Exemption Number (GEN) rt of the group, check this box ired to file Form 990-T) extension of ti		If the and atta	ach
for the	organization's return for		-			
<b>►</b> X	calendar year 20 <u>10</u> or					
▶[]	tax year beginning	, 20	, and ending	, 20		
	x year entered in line 1 is for less than 12 mon hange in accounting period	ths, check	reason Initial return	Fınal return		
	application is for Form 990-BL, 990-PF, 99 ndable credits See instructions	0-T, 4720,	or 6069, enter the tentative tax	· 1	\$	
	application is for Form 990-PF, 990-T,			1		
	ed tax payments made Include any prior year				\$	
	e Due. Subtract line 3b from line 3a Include nic Federal Tax Payment System) See instruc		ent with this form, if required, by usi	-	\$	
	ou are going to make an electronic fund w		with this Form 8868, see Form 8			79-EO for
pavment insti			•			

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2011)