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Form 990

## Return of Organization Exempt From Income Tax

2011

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

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

Open to Public Inspection

## A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable	C Name of organization ATP Tour Inc	D Employer identification number 95-2833251
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (904) 285-8000
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	F Gross receipts \$ 81,587,642
<input type="checkbox"/> Initial return	201 ATP TOUR BOULEVARD	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 PONTE VEDRA BEACH, FL 32082	
<input type="checkbox"/> Application pending	F Name and address of principal officer BRAD DREWETT 201 ATP TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status  501(c)(3)  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

J Website: ► WWW.ATPWORLDTOUR.COM

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

## Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	66
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	634,024
b Net unrelated business taxable income from Form 990-T, line 34	7b	-542,961

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,408,494	79,181,217
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,335	387,966
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,802,221	1,982,377
	65,354,050	81,551,560

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	232,000	238,881
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,865,329	1,395,469
16a Professional fundraising fees (Part IX, column (A), line 11e)	12,897,939	14,815,091
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,513,902	56,149,551
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	57,509,170	72,598,992
19 Revenue less expenses Subtract line 18 from line 12	7,844,880	8,952,568

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	107,351,431	128,549,308
22 Net assets or fund balances Subtract line 21 from line 20	27,877,451	40,187,673
	79,473,980	88,361,635

## Part II Signature Block

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

Sign Here	Signature of officer PHILIP GALLOWAY COO-CFO Type or print name and title	2012-10-23 Date
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Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 75 BEATTIE PLACE SUITE 800 GREENVILLE, SC 29601		EIN ►
				Phone no ► (864) 242-5740

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

NONE - ATP DOES NOT HAVE A BOARD-APPROVED MISSION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

During 2011, ATP achieved its purposes of operating professional tennis events, promoting the interests of players and tournaments and improving the conditions where players engage in their occupation through the centralized pooling and marketing of event sponsorship rights. Record levels of revenues were achieved in 2011 with 20 different major sponsors participating in the circuit through this member service

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

ATP successfully promoted the interests of players and tournaments, improved the public perception of tennis as a major global sport, promoted the future of the sport and encouraged interest in the sport of tennis through its global marketing services and initiatives. ATP digital channels received more than 231 million visits in 2011 - a 35% increase in 2010. ATPWorldTour.com received an average of 3.5 million unique visitors per month in 2011. The ATP Uncovered Magazine Show reached more than 400 million viewers in 150 countries. Roger Federer was named as one of the most recognized sports athletes worldwide

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

Sanctioning, scheduling and administering a circuit of professional tennis events is an ongoing and significant function of ATP. During 2011, ATP administered the ATP circuit consisting of 62 events with record prize money of \$72 million and a second tier circuit of 150 events. A bonus pool of \$5.4 million was paid to players who participated in the circuit. ATP owns and manages the year end ATP World Tour Finals event and achieved attendance of over 250,000 for the 3rd straight year, earning the title as the world's largest indoor tennis event

**4d** Other program services (Describe in Schedule O )

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

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

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

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 . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II . . . . .

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .

c 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 . . . . .

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 . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

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 . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

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

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .

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

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

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

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	256
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	66
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>	Yes
<b>b</b>	If "Yes," enter the name of the foreign country <b>UK, FR, AS</b> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>a</b>	Gross income from members or shareholders	<b>11b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12b</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	<b>13b</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14b</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 7

b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 5

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? . . . . .

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

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Did the organization have members or stockholders? . . . . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		5
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>	Yes	
<b>7a</b>	Yes	
<b>7b</b>		No
<b>8a</b>	Yes	
<b>8b</b>	Yes	
<b>9</b>		No

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

10a Did the organization have local chapters, branches, or affiliates? . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .

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

b Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

13 Did the organization have a written whistleblower policy? . . . . .

14 Did the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

	Yes	No
<b>10a</b>		No
<b>10b</b>		
<b>11a</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>	Yes	
<b>12c</b>	Yes	
<b>13</b>	Yes	
<b>14</b>		No
<b>15a</b>	Yes	
<b>15b</b>	Yes	
<b>16a</b>		No
<b>16b</b>		

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PHILIP B GALLOWAY  
201 ATP TOUR BLVD  
PONTE VEDRA BEACH, FL 32082  
(904) 285-8000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) DAVID EGDES DIRECTOR	20 0	X					70,664		
(2) GAVIN FORBES DIRECTOR	10 0	X					70,634		
(3) GIORGIO DI PALERMO DIRECTOR	20 0	X					70,634		
(4) CHARLES HUMPHREY SMITH DIRECTOR	10 0	X					70,966		
(5) MARK WEBSTER DIRECTOR	10 0	X					70,634		
(6) JUSTIN GIMELSTOB DIRECTOR	30 0	X					150,545		
(7) ADAM HELFANT DIRECTOR/CHAIRMAN/PRESIDENT	50 0	X		X			3,415,715		29,795
(8) PHILIP GALLOWAY COO & CFO	50 0			X			472,797		34,108
(9) MARK YOUNG GENERAL COUNSEL/CEO AMERICAS	50 0			X			447,600		37,115
(10) JEFF REEL ASSISTANT SECRETARY	50 0			X			161,450		24,535
(11) BRAD DREWETT CEO INTERNATIONAL REGION	50 0			X			496,433		44,677
(12) LAURENT DELANNEY CEO EUROPE	50 0			X				561,130	80,829
(13) KATE GORDON EVP CORPORATE COMMUNICATIONS	50 0				X		277,901		27,453
(14) ANDRE SILVA CHIEF PLAYER OFFICER	50 0				X		383,723		25,758
(15) GAYLE BRADSHAW EVP RULES AND REGULATIONS	50 0					X	205,242		26,815
(16) NICOLA ARZANI SVP ATP MARKETING/COMMS	50 0					X		239,338	47,287
(17) MURRAY SWARTZBERG SVP IT	50 0					X	296,903		26,290

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **29**

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BRITISH TELECOMMUNICATIONS	TV/PRODUCTION SVCS	1,830,480
MESPORT INTERNATIONAL	SPONSORSHIP SERVICES	1,631,195
GIFTED GROUP	SPONSORSHIP SERVICES	1,015,000
INTERNATIONAL TENNIS FEDERATION	ANTIDOPING/INTEGRITY	826,041
PROSKAUER ROSE LLP 1568 E BROADWAY NEW YORK, NY 10037	LEGAL SERVICES	569,627
2 Total number of independent contractors (including but not limited to those listed above) who received more than		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►14

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	►	0				
<b>Program Service Revenue</b>	<b>Business Code</b>						
			<b>2a</b> MEMBER SERVICES AND BENEFITS	711300	38,881,104	38,844,555	36,549
			<b>b</b> MEMBERSHIP DUES AND FEES	711300	19,350,071	19,350,071	
			<b>c</b> PROFESSIONAL TOURNAMENT REVENUES	711300	14,770,774	14,770,774	
			<b>d</b> PLAYER & TOURNAMENT DIRECTOR PENSION PLANS	711300	2,068,660	2,068,660	
			<b>e</b> CHALLENGER CIRCUIT FEES	711300	1,616,246	1,616,246	
			<b>f</b> All other program service revenue		2,494,362	2,416,964	77,398
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	►	79,181,217				
<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .	►	387,966		387,966			
<b>4</b> Income from investment of tax-exempt bond proceeds	►	0					
<b>5</b> Royalties . . . . .	►	1,586,799		233,642	1,353,157		
<b>6a</b> Gross rents	(I) Real	(II) Personal					
<b>b</b> Less rental expenses	113,590						
<b>c</b> Rental income or (loss)	28,397						
<b>d</b> Net rental income or (loss) . . . . .	►	85,193			85,193		
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
<b>b</b> Less cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss) . . . . .	►	0					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from fundraising events . . . . .	►	0					
<b>9a</b> Gross income from gaming activities	a						
See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from gaming activities . . . . .	►	0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a	9,495					
<b>b</b> Less cost of goods sold . . . . .	b	7,685					
<b>c</b> Net income or (loss) from sales of inventory . . . . .	►	1,810		1,810			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> TENNIS FACILITY	711210	284,625		284,625			
<b>b</b> All other revenue	900009	23,950	23,950				
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	►	308,575					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .	►	81,551,560	79,091,220	634,024	1,826,316		

**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)

Check if Schedule O contains a response to any question in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	231,124			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	7,757			
4 Benefits paid to or for members	1,395,469			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	8,318,453			
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	5,028,289			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	234,678			
9 Other employee benefits . . . . .	957,466			
10 Payroll taxes . . . . .	276,205			
11 Fees for services (non-employees)				
a Management . . . . .	386,227			
b Legal . . . . .	1,386,022			
c Accounting . . . . .	157,470			
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	24,100			
g Other . . . . .	5,369,630			
12 Advertising and promotion . . . . .	5,243,336			
13 Office expenses . . . . .	1,061,200			
14 Information technology . . . . .	488,406			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	286,501			
17 Travel . . . . .	2,882,560			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	301,028			
20 Interest . . . . .	18,958			
21 Payments to affiliates . . . . .	2,097,470			
22 Depreciation, depletion, and amortization . . . . .	108,048			
23 Insurance . . . . .	607,866			
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 )				
a TOURNAMENT MEMBER PAYMENTS	25,007,282			
b PLAYER MEMBER PAYMENTS	4,907,958			
c PROFESSIONAL TOURNAMENT EXPENS	4,662,602			
d OFFICIATING	483,911			
e				
f All other expenses	668,976			
25 Total functional expenses. Add lines 1 through 24f	72,598,992			
26 Joint costs. Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	0	1
	2 Savings and temporary cash investments	5,186,985	2
	3 Pledges and grants receivable, net	0	3
	4 Accounts receivable, net	9,143,554	4
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6
	7 Notes and loans receivable, net	0	7
	8 Inventories for sale or use	4,863	8
	9 Prepaid expenses and deferred charges	699,520	9
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,625,878	
	10a		
	b Less accumulated depreciation	2,277,480	1,335,945
	10b		10c
	11 Investments—publicly traded securities	20,554,277	11
	12 Investments—other securities See Part IV, line 11	280,161	12
	13 Investments—program-related See Part IV, line 11	69,364,435	13
	14 Intangible assets	0	14
	15 Other assets See Part IV, line 11	781,691	15
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	107,351,431	16
Liabilities	17 Accounts payable and accrued expenses	14,957,444	17
	18 Grants payable	0	18
	19 Deferred revenue	3,575,797	19
	20 Tax-exempt bond liabilities	0	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22
	23 Secured mortgages and notes payable to unrelated third parties	0	23
	24 Unsecured notes and loans payable to unrelated third parties	0	24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	9,344,210	25
	26 <b>Total liabilities.</b> Add lines 17 through 25	27,877,451	26
	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
Net Assets or Fund Balances	27 Unrestricted net assets	10,109,544	27
	28 Temporarily restricted net assets	0	28
	29 Permanently restricted net assets	69,364,436	29
Net Assets or Fund Balances	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	79,473,980	33
	34 Total liabilities and net assets/fund balances	107,351,431	34
			128,549,308

**Part XI 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)	1	81,551,560
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,598,992
3	Revenue less expenses Subtract line 2 from line 1	3	8,952,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,473,980
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-64,913
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	88,361,635

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-2833251

**Name:** ATP Tour Inc

### Form 990, Special Condition Description:

Special Condition Description
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2011

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

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions.

**Name of the organization**  
ATP Tour Inc**Employer identification number**  
95-2833251**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

► \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

<b>(i)</b> unrelated organizations . . . . .	<b>Yes</b>	<b>No</b>
<b>(ii)</b> related organizations . . . . .		

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		443,945			443,945
b Buildings . . . . .		1,861,335	1,151,584		709,751
c Leasehold improvements . . . . .		212,112	189,350		22,762
d Equipment . . . . .		1,108,486	936,546		171,940
e Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					1,348,398

**Part VII Investments—Other Securities.** See Form 990, Part X, line 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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	81,551,560
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,598,992
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,952,568
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,952,568

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

1	Total revenue, gains, and other support per audited financial statements	1	81,039,466
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	81,039,466
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	512,094
c	Add lines 4a and 4b	4c	512,094
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	81,551,560

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

1	Total expenses and losses per audited financial statements	1	72,086,898
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	72,086,898
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	512,094
c	Add lines 4a and 4b	4c	512,094
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	72,598,992

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
OTHER ADJUSTMENTS	PARTS XII AND XIII, LINE 4B	ELIMINATED REVENUE/EXPENSES INCURRED THRU SUBSIDIARY

2011

Open to Public  
InspectionSCHEDULE 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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ATP Tour Inc

Employer identification number

95-2833251

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

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

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

**3 Activities per Region** (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
East Asia and the Pacific	1	8	Program Services	REGIONAL CIRCUIT ADMIN	5,602,000
Europe (including Iceland and Greenland)	2	57	Program Services	REGIONAL CIRCUIT ADMIN	25,473,000
Middle East and North Africa		4	Program Services	REGIONAL CIRCUIT ADMIN	1,043,000
North America		2	Program Services	REGIONAL CIRCUIT ADMIN	998,000
Russia and the Newly Independent States		1	Program Services	REGIONAL CIRCUIT ADMIN	358,000
South America		5	Program Services	REGIONAL CIRCUIT ADMIN	474,000
South Asia		1	Program Services	REGIONAL CIRCUIT ADMIN	125,000
Sub-Saharan Africa		1	Program Services	REGIONAL CIRCUIT ADMIN	135,000
<b>3a Sub-total</b>	3	79			34,208,000
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>	3	79			34,208,000

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ► 1

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

**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 (see instructions for Form 926)*  Yes  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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  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  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  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  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  No

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule I  
(Form 990)**

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

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

► Attach to Form 990

2011

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ATP Tour Inc

**Employer identification number**

95-2833251

## **Part I General Information on Grants and Assistance**

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

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

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

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

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

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	ATP TOUR FUNDS ATP TOUR CHARITIES FOR CHARITABLE CONTRIBUTIONS ALL CONTRIBUTIONS MUST BE APPROVED BY AN EXECUTIVE

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

OMB No 1545-0047

**2011**Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection****Name of the organization**  
ATP Tour Inc**Employer identification number**

95-2833251

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUSTIN GIMELSTOB	(i) (ii)	150,545				150,545	
(2) ADAM HELFANT	(i) (ii)	1,500,000	1,793,055	122,660	12,250	17,545	3,445,510
(3) PHILIP GALLOWAY	(i) (ii)	412,000	37,235	23,562	20,600	13,508	506,905
(4) MARK YOUNG	(i) (ii)	391,400	35,587	20,613	19,570	17,545	484,715
(5) JEFF REEL	(i) (ii)	137,800	19,567	4,083	6,990	17,545	185,985
(6) BRAD DREWETT	(i) (ii)	391,400	31,312	73,721	40,226	4,451	541,110
(7) LAURENT DELANNEY	(i) (ii)	486,778	43,568	30,784	73,676	7,153	641,959
(8) KATE GORDON	(i) (ii)	243,360	30,059	4,482	25,600	1,853	305,354
(9) ANDRE SILVA	(i) (ii)	240,878	119,545	23,300	12,250	13,508	409,481
(10) GAYLE BRADSHAW	(i) (ii)	185,400	19,107	735	9,270	17,545	232,057
(11) NICOLA ARZANI	(i) (ii)	162,074	15,442	61,822	42,694	4,593	286,625
(12) MURRAY SWARTZBERG	(i) (ii)	174,900	112,518	9,485	8,745	17,545	323,193
(13) JOHN PHILLIPS	(i) (ii)	169,600	15,647	6,814	8,630	17,545	218,236
(14) DAVID MASSEY	(i) (ii)	118,115	11,020	62,252	35,263	6,599	233,249

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	Schedule J, Part I, Line 4b	Participants in the supplemental nonqualified retirement plan are PHILIP GALLOWAY MARK YOUNG NO DISTRIBUTIONS WERE MADE FROM THE PLAN DURING 2011

## Schedule L

## **Transactions with Interested Persons**

OMB No 1545-0047

2011

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public  
Inspection**

**Name of the organization**

ATP Tour Inc

**Employer identification number**

95-283325

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

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

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

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

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LEANN SILVA	wife of Andre Silva	18,977	CREATIVE SERVICES		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**Name of the organization  
ATP Tour Inc**Employer identification number**

95-2833251

Identifier	Return Reference	Explanation
FAMILY AND BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2	DAVID EGDES AND JUSTIN GIMELSTOB HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Description of Mission and Significant Activities	Form 990, Part III, Line 1	THE PURPOSES OF THE CORPORATION ARE TO OWN, SANCTION, SCHEDULE AND ADMINISTER ONE OR MORE CIRCUITS OF PROFESSIONAL TENNIS TOURNAMENTS, TO OWN ONE OR MORE PROFESSIONAL TENNIS TOURNAMENTS, TO DEVELOP, PROMULGATE, AND ADMINISTER RULES, REGULATIONS AND GRIEVANCE PROCEDURES TO ENSURE THE FAIR AND ORDERLY CONDUCT OF PROFESSIONAL TENNIS TOURNAMENTS, CIRCUITS THEREOF AND THE SPORT OF PROFESSIONAL TENNIS, TO PROMOTE AND FURTHER THE INTEREST OF PROFESSIONAL TENNIS PLAYERS AND PROFESSIONAL TENNIS TOURNAMENTS AND CIRCUITS THEREOF THROUGHOUT THE WORLD, TO PROMOTE THE INTEREST OF ONE OR MORE PUBLIC CHARITIES, TO IMPROVE THE CONDITIONS UNDER WHICH PROFESSIONAL TENNIS PLAYERS ENGAGE IN THEIR OCCUPATION, TO INCREASE THE STATUS AND PUBLIC PERCEPTION OF PROFESSIONAL TENNIS AS A MAJOR WORLD CLASS INTERNATIONAL SPORT, TO PROMOTE AND PROTECT THE FUTURE OF THE SPORT OF PROFESSIONAL TENNIS, AND TO ENCOURAGE INTEREST IN THE SPORT OF TENNIS

Identifier	Return Reference	Explanation
PROCESS TO REVIEW FORM 990	Form 990, Part VI, Question 11B	THE 990 RETURN IS SENT VIA EMAIL TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING. MANAGEMENT IS RESPONSIBLE FOR PREPARING THE INFORMATION INCLUDED IN THE FORM 990 AND AN INDEPENDENT PROFESSIONAL ACCOUNTING FIRM PREPARES THE RETURN. A COPY OF FILED RETURN IS MADE AVAILABLE TO EACH MEMBER. THE CFO PERFORMS A COMPLETE REVIEW OF FORM 990 PRIOR TO FILING PROCESS TO MONITOR & ENFORCE TRANSACTIONS FOR CONFLICTS OF INTEREST. FORM 990, PART VI, QUESTION 12C ANNUAL DECLARATIONS FOR BOARD MEMBERS AND MANAGEMENT REGARDING CONFLICT OF INTEREST ARE REQUIRED BY POLICY. A BOARD ORIENTATION PROCESS WHICH INCLUDES A SESSION ON DEALING WITH AND DISCLOSING CONFLICTS OF INTEREST IS REQUIRED FOR ALL BOARD MEMBERS.

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used	Form 990, Part VI, Questions 15a & 15B	THE BOARD IS RESPONSIBLE FOR HIRING THE CHAIRMAN/PRESIDENT AS PART OF THAT PROCESS A SEARCH FIRM IS USUALLY ENGAGED WHO PROVIDES INPUT INTO THE PACKAGE OF COMPENSATION OFFERED FURTHER RESEARCH IS DIRECTED BY THE BOARD ON COMPARABLE ROLES IN THE INDUSTRY BEFORE ANY COMPENSATION PACKAGE IS OFFERED THE BOARD HAS ESTABLISHED A COMPENSATION SUBCOMMITTEE THAT HAS ADVISORY RESPONSIBILITY FOR COMPENSATION LEVELS OF TOP MANAGEMENT MANAGEMENT PERFORMS INDUSTRY RESEARCH BOTH DIRECTLY AND THROUGH INDEPENDENT SURVEYS TO DETERMINE REASONABLENESS OF TOP MANAGEMENT AND OTHER STAFF COMPENSATION

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmt to Gen Public	Form 990, Part VI, Question 19	We do not typically provide governing documents, conflict of interest policy or financial statements to the general public. Such documents are made available to ATP Tour members upon request.

Identifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Question 6	ATP TOUR, INC IS A MEMBER ORGANIZATION CONSISTING OF BOTH PLAYERS AND TOURNAMENT OWNER MEMBERS ATP BOARD MEMBERS ARE ELECTED BY THE RESPECTIVE TOURNAMENT OWNER MEMBERS AND BY THE PLAYER MEMBERS THROUGH A PLAYER COUNCIL THAT IS ELECTED BY THE PLAYER MEMBERS

Identifier	Return Reference	Explanation
Description of Classes of Persons and the Nature of Their Rights	FORM 990, PART VI, QUESTION 7A	ATP TOUR, INC IS A MEMBER ORGANIZATION CONSISTING OF BOTH PLAYERS AND TOURNAMENT OWNER MEMBERS ATP BOARD MEMBERS ARE ELECTED BY THE RESPECTIVE TOURNAMENT OWNER MEMBERS AND BY THE PLAYER MEMBERS THROUGH A PLAYER COUNCIL THAT IS ELECTED BY THE PLAYER MEMBERS

Identifier	Return Reference	Explanation
DESCRIPTION OF PURPOSES AND ACTIVITIES	990, PART I, LINE 1	THE PURPOSES OF THE CORPORATION ARE TO OWN, SANCTION, SCHEDULE AND ADMINISTER ONE OR MORE CIRCUITS OF PROFESSIONAL TENNIS TOURNAENTS, TO OWN ONE OR MORE PROFESSIONAL TENNIS TOURNAENTS, TO SANCTION SCHEDULE AND OPERATE ONE OR MORE PROFESSIONAL TENNIS TOURNAENTS, TO DEVELOP PROMULGATE, AND ADMINISTER RULES, REGULATIONS AND GRIEVANCE PROCEDURES TO ENSURE THE FAIR AND ORDERLY CONDUCT OF PROFESSIONAL TENNIS TOURNAENTS, CIRCUITS THEREOF AND THE SPORT OF PROFESSIONAL TENNIS, TO PROMOTE AND FURTHER THE INTEREST OF PROFESSIONAL TENNIS PLAYERS AND PROFESSIONAL TENNIS TOURNAENTS AND CIRCUITS THEREOF THROUGHOUT THE WORLD, TO PROMOTE THE INTEREST OF ONE OR MORE PUBLIC CHARITIES, TO IMPROVE THE CONDITIONS UNDER WHICH PROFESSIONAL TENNIS PLAYERS ENGAGE IN THEIR OCCUPATION, TO IMPROVE THE STATUS AND PUBLIC PERCEPTION OF PROFESSIONAL TENNIS AS A MAJOR WORLD CLASS INTERNATIONAL SPORT, TO PROMOTE AND PROTECT THE FUTURE OF THE SPORT OF PROFESSIONAL TENNIS, AND TO ENCOURAGE INTEREST IN THE SPORT OF TENNIS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	THE AMOUNT ON LINE 5 RELATES TO TRANSLATION ADJUSTMENTS

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## ATP Tour Inc

**Employer identification number**

95-2833251

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ATP TOUR CHARITIES	B,M,N	240,994	FMV
(2) ATP TOUR SAM	O,P	3,261,485	FMV
(3)			
(4)			
(5)			
(6)			

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

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

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation