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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning

07/01, 2011, and ending

06/30, 2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
ATLANTA TIP OFF CLUB, INC.

D Employer identification number
23-7050539

Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
235 ANDREW YOUNG INTERNATIONAL BLVD NW
City or town, state or country, and ZIP + 4
ATLANTA, GA 30303

E Telephone number
(404) 586-1927

F Name and address of principal officer
ROBERT H. HOLLIS
235 ANDREW YOUNG INT'L BLVD NW ATLANTA, GA 30303

G Gross receipts \$ 518,278.

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

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

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

J Website WWW.NAISMITHAWARDS.COM

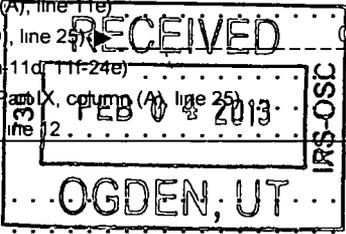
H(c) Group exemption number N/A

K Form of organization Corporation Trust Association Other

L Year of formation 1956 **M** State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE CLUB'S MISSION IS TO PROMOTE AND EXPAND THE PASSION, TRADITION AND HERITAGE OF BASKETBALL, AND HONOR THOSE WHO HAVE ACHIEVED EXCELLENCE AND POSITIVELY IMPACTED THE GAME BOTH LOCALLY AND NATIONALLY.		
	2 Check this box <input type="checkbox"/> 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	5.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	15.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	203,835.	382,170.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,485.	135,840.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	269.	268.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,589.	518,278.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	10,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	232,513.	337,540.	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	232,513.	347,540.	
19 Revenue less expenses - Subtract line 18 from line 12	102,076.	170,738.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	116,804.	284,192.
	22 Net assets or fund balances - Subtract line 21 from line 20	4,844.	6,495.
		111,960.	277,697.



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: *Robert H. Hollis* Date: 1-22-13

Type or print name and title: Robert H. Hollis CFO

Paid Preparer Use Only

Print/Type preparer's name: SANDRA L. FEINSMITH Preparer's signature: *Sandra L. FeinSmith* Date: 1/16/2013 Check if self-employed PTIN: P01064157

Firm's name: BDO USA, LLP Firm's EIN: 13-5381590

Firm's address: 1100 PEACHTREE STREET, SUITE 700 ATLANTA, GA 30309-4516 Phone no: 404-688-6841

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SCANNED FEB 21 2013

A 917

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

THE CLUB'S MISSION IS TO PROMOTE AND EXPAND THE PASSION, TRADITION AND HERITAGE OF BASKETBALL, AND HONOR THOSE WHO HAVE ACHIEVED EXCELLENCE AND POSITIVELY IMPACTED THE GAME BOTH LOCALLY AND NATIONALLY.

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 [X] No

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

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 \$ 343,885 including grants of \$) (Revenue \$ 125,630.)

THE ATLANTA TIPOFF CLUB ADMINISTERS THE NAISMITH AWARDS AND ANNUALLY HONORS THE TOP NATIONAL PLAYERS, COACHES, OFFICIALS AND ADMINISTRATORS FOR BASKETBALL EXCELLENCE. WINNERS ARE DETERMINED THROUGH SEPARATE VOTING ACADEMIES. PLAYER OF THE YEAR WINNERS ARE RECOGNIZED DURING THE NCAA FINAL FOUR, WHILE COACHES ARE HONORED ON THEIR COLLEGE CAMPUSES. OTHER WINNERS ARE RECOGNIZED THROUGHOUT THE YEAR.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 10,210)

MEN'S AND WOMEN'S COLLEGE BASKETBALL PREVIEW LUNCHEONS FEATURE THE HEAD COACHES OF GEORGIA, GEORGIA STATE, GEORGIA TECH AND KENNESAW STATE, ALONG WITH A NATIONAL BASKETBALL ANALYST, WITH AN EMPHASIS ON THE UPCOMING SEASON. THE NAISMITH BANQUET HONORS ALL LOCAL AND REGIONAL PLAYERS, COACHES, OFFICIALS AND ADMINISTRATORS FOR THEIR ACCOMPLISHMENTS OVER THE PREVIOUS BASKETBALL SEASON.

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

SEE SCHEDULE O FOR FULL DESCRIPTION OF THIS YEAR'S ACTIVITIES.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 343,885.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and sponsoring organizations.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family/business relationships, management delegation, significant changes, and meeting documentation.

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

Table with 3 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, document retention, and compensation review.

Section 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 (Section 501(c)(3)s only) available for public inspection.
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 during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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 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) 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	Former			
ATTACHMENT 1										
(1) BARRY GOHEEN CHAIRMAN	1.00	X		X				0	0	0
(2) ERIC OBERMAN EXECUTIVE DIRECTOR	1.00	X		X				0	0	0
(3) ROBERT H. HOLLIS TREASURER & SECRETARY	1.00	X		X				0	236,097.	15,541.
(4) SAM A. WILLIAMS DIRECTOR	1.00	X						0	762,758.	15,661.
(5) DAN CORSO DIRECTOR	1.00	X						0	177,314.	8,155.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	382,170.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		382,170.				
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code 900099	108,900	108,900			
	b	OTHER PROGRAM SERVICE REVENUE	900099	26,940.	26,940			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		135,840				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		268.			268	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
d	Net gain or (loss)		0					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a							
b	Less direct expenses b							
c	Net income or (loss) from fundraising events		0					
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions			518,278	135,840.		268	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
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	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	2,592.		2,592.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	2,501.	2,501.		
13 Office expenses	707.	707.		
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	9,869.	9,869.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>MANAGEMENT FEE</u>	80,000.	80,000.		
b <u>PROGRAM SERVICES</u>	240,808.	240,808.		
c <u>OTHER EXPENSES</u>	1,063.		1,063.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	347,540.	343,885.	3,655.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	142,116.	2	326,406.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	-25,312.	4	-42,214.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	0	10c 0
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	116,804.	16	284,192.	
Liabilities	17 Accounts payable and accrued expenses	4,844.	17	6,495.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	4,844.	26	6,495.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	111,960.	27	277,697.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	111,960.	33	277,697.	
34 Total liabilities and net assets/fund balances.	116,804.	34	284,192.	

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	518,278.
2	Total expenses (must equal Part IX, column (A), line 25)	2	347,540.
3	Revenue less expenses Subtract line 2 from line 1	3	170,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,960.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,001.
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	277,697.

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?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Employer identification number

ATLANTA TIP OFF CLUB, INC.

23-7050539

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i) <input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?	11g(ii) <input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii) <input type="checkbox"/>	<input checked="" type="checkbox"/>

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011; 16b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
METRO ATLANTA CHAMBER OF COMMERCE, INC.	58-0145520	501 (C) (6)	X		X		X		0
TOTAL AMOUNT OF SUPPORT									<u>0</u>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

ATLANTA TIP OFF CLUB, INC.

**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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

23-7050539

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. Yes No

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	-----							
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(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	SCHOLARSHIPS	10	10,000.			
2						
3						
4						
5						
6						
7						

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

PART I QUESTION 1

THE NAISMITH AWARDS FLOURISH SCHOLARSHIPS WERE AWARDED TO FIVE FEMALE AND FIVE MALE METRO ATLANTA ATHLETES WHO BEST DEMONSTRATED COMPETENCE, CONFIDENCE, CONNECTIONS AND COURAGE ON THE COURT, IN THE CLASSROOM AND IN LIFE. EACH RECIPIENT WAS NOMINATED BY THEIR HIGH SCHOOL ATHLETIC DIRECTOR AND RECEIVED A \$1,000 SCHOLARSHIP TO BE USED AT AN INSTITUTION OF HIGHER EDUCATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization

ATLANTA TIP OFF CLUB, INC.

Employer identification number

23-7050539

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 type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input 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 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 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 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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 section 501(c)(3) and 501(c)(4) organizations 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 Regulations 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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts 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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT H. HOLLIS	(i) 191,167.	(ii) 38,400.	(iii) 6,530.	9,444.	6,097.	251,638.	0
**	(i) 0	(ii) 0	(iii) 0	0	0	0	0
2 SAM A. WILLIAMS	(i) 412,500.	(ii) 160,000.	(iii) 190,258.	9,800.	5,861.	778,419.	0
3 DAN CORSO	(i) 145,833.	(ii) 30,000.	(iii) 1,481.	7,093.	1,062.	185,469.	0
4	(i) ---	(ii) ---	(iii) ---	---	---	---	---
5	(i) ---	(ii) ---	(iii) ---	---	---	---	---
**SEE STATEMENT ON PART III	(i) ---	(ii) ---	(iii) ---	---	---	---	---
6	(i) ---	(ii) ---	(iii) ---	---	---	---	---
7	(i) ---	(ii) ---	(iii) ---	---	---	---	---
8	(i) ---	(ii) ---	(iii) ---	---	---	---	---
9	(i) ---	(ii) ---	(iii) ---	---	---	---	---
10	(i) ---	(ii) ---	(iii) ---	---	---	---	---
11	(i) ---	(ii) ---	(iii) ---	---	---	---	---
12	(i) ---	(ii) ---	(iii) ---	---	---	---	---
13	(i) ---	(ii) ---	(iii) ---	---	---	---	---
14	(i) ---	(ii) ---	(iii) ---	---	---	---	---
15	(i) ---	(ii) ---	(iii) ---	---	---	---	---
16	(i) ---	(ii) ---	(iii) ---	---	---	---	---

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION

SCHEDULE J, PART II, RELATED ORGANIZATION

COMPENSATION INCLUDES \$180,299 PAID TO SUPPLEMENTAL RETIREMENT BENEFIT PLAN (SERP).

FORM 990 PART VII AND SCHEDULE J PART II

COMPENSATION INCLUDES:

BASE SALARY	\$412,500
BONUS	160,000
SERP CONTRIBUTION	180,299
OTHER	9,959
TOTAL	\$762,758

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ATLANTA TIPOFF CLUB, INC.

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

2011

**Open to Public
Inspection**

Employer identification number

23-7050539

PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 4C

THE ATLANTA TIPOFF CLUB ONCE AGAIN CELEBRATED ANOTHER TREMENDOUS SEASON WITH SUCCESS ON THE BASKETBALL, A SOLID AND STEADY GROWTH OF THE BOARD OF DIRECTORS AND THE LAUNCH OF A NEW GOLF TOURNAMENT.

THE RESULTS WERE CONSISTENT WITH THE GOAL OF KEEPING THE ATLANTA TIPOFF CLUB AND NAISMITH AWARDS AMONG THE MOST PRESTIGIOUS ORGANIZATIONS IN ALL OF HIGH SCHOOL AND COLLEGE BASKETBALL.

AMONG THE HIGHLIGHTS FROM THE PAST SEASON:

" SOLD OUT (400 PEOPLE) OUR 5TH ANNUAL MEN'S COLLEGE BASKETBALL PREVIEW LUNCHEON. THE EVENT INCLUDED A PRESENTATION TO DON MEYER FOR HIS LIFETIME ACCOMPLISHMENTS, ALONG WITH THE HEAD BASKETBALL COACHES FROM GEORGIA, GEORGIA STATE, GEORGIA TECH AND KENNESAW STATE, WHO PROVIDED AN UPDATE ON THE UPCOMING SEASON.

" SOLD OUT (200 PEOPLE) OUR 3ND ANNUAL WOMEN'S COLLEGE BASKETBALL PREVIEW LUNCHEON THAT INCLUDED NATIONAL BROADCASTER DEBBIE ANTONELLI, ALONG WITH THE HEAD COACHES FROM GEORGIA, GEORGIA STATE, GEORGIA TECH AND KENNESAW STATE.

" WE HELD OUR NAISMITH AWARDS BANQUET AT A NEW VENUE, THE GEORGIA INTERNATIONAL CONVENTION CENTER (GICC). WE WERE ABLE TO HOST MORE PEOPLE THAN IN PREVIOUS YEARS, AND THAT RANG TRUE WITH A SELLOUT OF 600 ATTENDEES. WE HONORED 81 AWARD WINNERS TO THEIR CONTRIBUTIONS TO THE

Name of the organization ATLANTA TIP OFF CLUB, INC.	Employer identification number 23-7050539
--	--

GAME BOTH ON AND OFF THE COURT AS PLAYERS, COACHES, OFFICIALS AND ADMINISTRATORS.

" HONORED OUR COLLEGE MEN NAISMITH TROPHY WINNER DURING THE NATIONAL ASSOCIATION OF BASKETBALL COACHES GUARDIANS OF THE GAME AWARDS PROGRAM.

" PRESENTED THE WOMEN'S NAISMITH TROPHY WINNER DURING THE WOMEN'S BASKETBALL COACHES ASSOCIATION'S AWARDS PROGRAM.

" CREATED A NEW NAISMITH AWARD CATEGORY - THE NAISMITH STUDENT SECTION OF THE YEAR, WHICH WAS PRESENTED TO THE UNIVERSITY OF KANSAS FOR THEIR DEDICATION AND PASSION.

" OUR COMMUNITY AFFAIRS COMMITTEE CREATED THE NAISMITH AWARDS FLOURISH SCHOLARSHIP, FOR ATLANTA AREA HIGH SCHOOL STUDENT-ATHLETES WHO THRIVE IN THE CLASSROOM, IN THE COMMUNITY AND ON THE BASKETBALL COURT. WE PRESENTED \$1,000 CHECKS TO 10 STUDENTS (5 MALES AND 5 FEMALES) TO BE USED AT AN INSTITUTION OF HIGHER LEARNING.

" WE LAUNCHED THE NAISMITH AWARDS INVITATIONAL CELEBRITY GOLF TOURNAMENT, WHICH INCLUDED FORMER NAISMITH AWARD WINNERS AND OTHER BASKETBALL ICONS PAIRING UP WITH SPONSORS AND FOURSOME PURCHASERS. THE EVENT RECEIVED RAVE REVIEWS.

OUR BOARD OF DIRECTORS ONCE AGAIN PLAYED A VITAL ROLE IN OUR GROWTH, PROVIDING US WITH SUPPORT AND COUNSEL ON THE NUMEROUS PROJECTS WE UNDERTOOK.

THE ATLANTA TIPOFF CLUB ADMINISTERS THE NAISMITH AWARDS, GIVEN ANNUALLY TO RECOGNIZE THE BEST PLAYERS, COACHES, OFFICIALS AND LIFETIME

Name of the organization ATLANTA TIP OFF CLUB, INC.	Employer identification number 23-7050539
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ACHIEVEMENT AWARD WINNERS. THE NAISMITH TROPHY PRESENTED BY AT&T IS NAMED IN HONOR OF DR. JAMES NAISMITH, INVENTOR OF THE GAME OF BASKETBALL.

THE 2012 RECIPIENTS WERE HONORED AT THE 2012 WOMEN'S AND MEN'S FINAL FOUR'S, RESPECTIVELY.

NATIONAL AWARDS INCLUDED:

- " MEN'S COLLEGE PLAYER OF THE YEAR - ANTHONY DAVIS, UNIVERSITY OF KENTUCKY
- " WOMEN'S COLLEGE PLAYER OF THE YEAR - BRITTNEY GRINER, BAYLOR UNIVERSITY
- " MEN'S COLLEGE COACH OF THE YEAR - BILL SELF, UNIVERSITY OF KANSAS
- " WOMEN'S COLLEGE COACH OF THE YEAR - KIM MULKEY, BAYLOR UNIVERSITY
- " BOY'S HIGH SCHOOL PLAYER OF THE YEAR - SHABAZZ MUHAMMAD, BISHOP GORMAN HIGH SCHOOL, LAS VEGAS, NV
- " GIRL'S HIGH SCHOOL PLAYER OF THE YEAR - BREANNA STEWART, CICERO NORTH HIGH SCHOOL, SYRACUSE, NY
- " BOY'S HIGH SCHOOL COACH OF THE YEAR - STEVE SMITH, OAK HILL ACADEMY, MOUTH OF WILSON, VA
- " GIRL'S HIGH SCHOOL COACH OF THE YEAR - CURTIS EKMARK, ST. MARY'S CATHOLIC SCHOOL, PHOENIX, AZ
- " OUTSTANDING CONTRIBUTOR TO MEN'S BASKETBALL - DON MEYER
- " OUTSTANDING CONTRIBUTOR TO WOMEN'S BASKETBALL - TERESA EDWARDS

THE ATLANTA TIPOFF CLUB LOOKS FORWARD TO CONTINUING THE TRADITION OF PRESENTING AWARDS TO TOP PERFORMERS WHO ACHIEVE SUCCESS BOTH ON AND OFF

Name of the organization ATLANTA TIP OFF CLUB, INC.	Employer identification number 23-7050539
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THE COURT AND HELP BASKETBALL CONTINUE TO THRIVE IN THE STATE OF GEORGIA
AS WELL AS THE REST OF THE NATION.

FOLLOWING IS A LIST OF NATIONAL, GEORGIA AND METRO ATLANTA AWARD WINNERS
FOR 2012:

GEORGIA WOMEN'S COLLEGE PLAYER OF THE YEAR - SASHA GOODLETT, GEORGIA
TECH

GEORGIA MEN'S COLLEGE PLAYER OF THE YEAR - ERIC BUCKNER, GEORGIA STATE

WHACK HYDER WOMEN'S COLLEGE COACH OF THE YEAR - MACHELLE JOSEPH, GEORGIA
TECH

WHACK HYDER MEN'S COLLEGE COACH OF THE YEAR - RON HUNTER, GEORGIA STATE

BOBBY CREMINS GIRL'S HIGH SCHOOL COACH OF THE YEAR - PHYLLIS ARTHUR,
MCEACHERN HIGH SCHOOL

BOBBY CREMINS BOY'S HIGH SCHOOL COACH OF THE YEAR - PHIL MCCRARY,
COLUMBIA HIGH SCHOOL

MISS GEORGIA BASKETBALL - PACHIYAANNA ROBERTS, MCEACHERN HIGH SCHOOL

MR. GEORGIA BASKETBALL - TONY PARKER, MILLER GROVE

Name of the organization ATLANTA TIP OFF CLUB, INC.	Employer identification number 23-7050539
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GARLAND F. PINHOLSTER GIRL'S HIGH SCHOOL COACH OF THE YEAR - TONY
WATKINS, PARKVIEW HIGH SCHOOL

GARLAND F. PINHOLSTER BOY'S HIGH SCHOOL COACH OF THE YEAR - JARROD DAVIS,
DREW HIGH SCHOOL

METRO ATLANTA GIRL'S HIGH SCHOOL PLAYER OF THE YEAR - DIAMOND DESHIELDS,
NORCROSS HIGH SCHOOL

METRO ATLANTA BOY'S HIGH SCHOOL PLAYER OF THE YEAR - WILLIAM SHAQUILLE
GOODWIN, SOUTHWEST DEKALB HIGH SCHOOL

STEVE SCHMIDT OUTSTANDING CONTRIBUTOR TO BASKETBALL - DENNIS SCOTT

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11B

THE FORM 990 WAS PREPARED BY A PUBLIC ACCOUNTING FIRM WITH INPUT FROM THE ORGANIZATION'S RELATED ORGANIZATION'S ACCOUNTING STAFF. A DRAFT COPY WAS REVIEWED BY KEY ACCOUNTING STAFF AND THE CFO. EACH PERSON INDIVIDUALLY REVIEWED THE FORM AND CHANGES WERE SUBMITTED TO THE TAX PREPARER. THE FINAL RETURN WAS REVIEWED AND APPROVED BY THE CFO. THE FORM 990 WAS THEN SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. COMMENTS AND SUGGESTED CHANGES WERE INCORPORATED INTO THE FINAL RETURN. THE FINAL

Name of the organization ATLANTA TIP OFF CLUB, INC.	Employer identification number 23-7050539
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FILED FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND IS ALSO AVAILABLE ON ANOTHER WEBSITE CALLED GUIDESTAR.

COMPENSATION DETERMINATION PROCESS

PART VI, SECTION B, LINES 15A AND 15B

ATLANTA TIP OFF CLUB HAS NO EMPLOYEES. ALL EMPLOYEES ARE LEASED EMPLOYEES OF THE METRO ATLANTA CHAMBER OF COMMERCE (MACOC). ATLANTA TIP OFF CLUB REIMBURSES MACOC FOR ALL EMPLOYEE COMPENSATION AND BENEFITS.

DISCLOSURE

PART VI, SECTION C, LINE 19

IF THE ORGANIZATION'S GOVERNING DOCUMENTS ARE SUBJECT TO APPLICABLE FEDERAL OR STATE PUBLIC DISCLOSURE REQUIREMENTS, THOSE DOCUMENTS WILL BE MADE AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF THE ORGANIZATION'S MANAGEMENT.

RECONCILIATION OF NET ASSETS

PART XI, LINE 5 OTHER CHANGES IN NET ASSETS

ADJUSTMENT TO TIE OUT NET ASSETS (\$5,001)

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
ROBERT H. HOLLIS TREASURER & SECRETARY	40.00
SAM A. WILLIAMS DIRECTOR	40.00
DAN CORSO DIRECTOR	40.00

Name of the organization ATLANTA TIP OFF CLUB, INC.	Employer identification number 23-7050539
--	--

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	268.			268.
TOTALS	268.			268.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ATLANTA TIP OFF CLUB, INC.

Related Organizations and Unrelated Partnerships

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

Open to Public
Inspection

Employer identification number

23-7050539

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) METRO ATLANTA CHAMBER OF COMMERCE 235 ANDREW YOUNG INT'L BLVD NW ATLANTA, GA 30303 58-0145520	ECONOMIC, CIV	GA	501(C)(6)		N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.

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 or (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)

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	Yes	No
(1)	METRO ATLANTA CHAMBER OF COMMERCE	M	80,000.	COST REIMBURSE		X
(2)	METRO ATLANTA CHAMBER OF COMMERCE	N	87,933.	COST REIMBURSE		X
(3)	METRO ATLANTA CHAMBER OF COMMERCE	O	167,288.	COST REIMBURSE		X
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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

91 7108 2133 3935 5031 4707

Form 8868

(Rev. January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Certified Mail Receipt

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ATLANTA TIP OFF CLUB, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 23-7050539
	Number, street, and room or suite no. If a P.O. box, see instructions. 235 ANDREW YOUNG INTERNATIONAL BOULEVARD, NW	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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	12

- The books are in the care of **JERRY GARDNER**

Telephone No. **404 586-1927**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20__ or
 tax year beginning **07/01, 2011**, and ending **06/30, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

NOV 05 2012

Confirmation Services	Package ID: 9171082133393550314707	E-CERTIFIED
	Destination ZIP Code: 84201	1ST CLASS FLAT
	Customer Reference:	
	Recipient: _____	BPB Account #: 11930484
	Address: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UTAH 84201-0045	Serial #: 3176293 NOV 05 2012 3:50P

less any	3a \$ 0
edits and	3b \$ 0
ing EFIPS	3c \$ 0

453-EO and Form 8879-EO for

Form 8868 (Rev. 1-2012)