



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Track Shack Foundation
Number and street (or P O box, if mail is not delivered to street address): 1013 Montana St
Room/suite:
City or town, state or country, and ZIP + 4: Orlando, FL 32803

D Employer identification number: 59-3306035
E Telephone number: (407) 896-1160
F Group Exemption Number:

G Accounting Method: [X] Cash [] Accrual Other (specify):

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.trackshack.com/foundation

J Tax-exempt status (check only one): [X] 501(c)(3) [] 501(c)() (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 112,375

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	32,977	22 32,606
23 Land and buildings		23
24 Other assets (describe in Schedule O)	0	24 3,844
25 Total assets	32,977	25 36,450
26 Total liabilities (describe in Schedule O)	93	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,884	27 36,450

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
To promote and encourage health and fitness in our community with an emphasis on youth programs

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 The Foundation was established in 1994 for the purpose of promoting and encouraging health and fitness with an emphasis on youth programs throughout the greater Central Florida community including Orange, Osceola, Lake, Seminole, Brevard, and Volusia counties. To date since its inception, the Foundation has contributed over two million dollars to community programs. We currently receive the majority of our contributions from Track Shack Fitness Club, a separate 501(c)3 organization, which raises funds from local race events they produce. We also receive contributions from other organizations and individuals outside of the race events. Contributions are used to provide grants to school-based youth athletic programs, charitable youth running and sports organizations and other worthy charitable organizations. It is our feeling that sports and organized athletic programs offer children structure and goals, which are vital to mental and physical development. Unfortunately, many schools and charitable organizations have to cut back or even eliminate sports/athletic programs due to lack of funding. It is our intention that through the financial support of youth athletic programs, children will build self-esteem and confidence, foster healthy and wholesome habits, and develop leadership and cooperation skills.
(Grants \$ 98,819) If this amount includes foreign grants, check here

28a 98,819

29
(Grants \$) If this amount includes foreign grants, check here

29a

30
(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 98,819

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		No
48		No
49a		No
49b		

47 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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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
 Melanie Fernandez Treasurer
 Type or print name and title
 2013-08-05
 Date

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Anne-Marie Barrett CPA Date
 Firm's name CROSS FERNANDEZ AND RILEY LLP Firm's EIN 59-3651466
 Firm's address 201 S Orange Avenue Suite 800 Orlando, FL 32803 Phone no (407) 841-6930
 Check if self-employed PTIN P00546302

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization

Track Shack Foundation

Employer identification number

59-3306035

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	260,000	187,670	88,056	120,391	110,835	766,952
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,083,720	729,485				1,813,205
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,343,720	917,155	88,056	120,391	110,835	2,580,157
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						2,580,157

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1,343,720	917,155	88,056	120,391	110,835	2,580,157
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	976	589	141	96	40	1,842
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	976	589	141	96	40	1,842
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,344,696	917,744	88,197	120,487	110,875	2,581,999
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.930 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.930 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.070 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.070 %

- 19a 33 1/3% support tests—2012.** 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—2011.** 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).

Facts And Circumstances Test

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.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Track Shack Foundation

Employer identification number

59-3306035

Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	Interest 40
Other Revenue	Form 990-EZ, Part I, Line 8	Description Returned Grant Amount 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name After School All-Stars Orlando Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name American Heart Association Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Apopka Memorial Middle School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Bear Lake Elementary Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Blankner K8 Smile Mile Club Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Boone Sports Legacy Board, Inc Amount Given 1,320
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Boys & Girls Clubs of Lake & Sumter Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Central Avenue Elementary Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Central Florida Gliders Track Club, Inc Amount Given 5,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Central Florida PAL Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Colonial High School Amount Given 2,200
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Dommerich Elementary PTA Amount Given 2,425
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Down Syndrome Foundation of Florida Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name East Ridge High School Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Easter Seals Florida Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Edgewater High School Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name English Estates Elementary Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name EvEr Youth Sports Foundation, Inc Amount Given 1,200

Identifier	Return Reference	Explanation		
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Fast Start Management, Inc Amount Given 3,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Florida Hospital For Children Amount Given 2,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Forest Lake Academy Varsity Sports Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Foundation for Foster Children Amount Given 12,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Freedom High School Amount Given 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Freedom Middle School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Friends of Children and Families, Inc Amount Given 2,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Glenridge Middle School Amount Given 900
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Glenridge Running Club Amount Given 800
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Hamilton Elementary Amount Given 1,200
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Jackson Heights Middle School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Jones High School Amount Given 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Keeth Elementary Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Lake Nona HS Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Law ton Chiles Middle School Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Layer Elementary School Amount Given 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Liberty Middle School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Lovell Elementary School Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Matland Middle School PTA Amount Given 600
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Maynard Evans High School Amount Given 2,000

Identifier	Return Reference	Explanation		
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Melbourne High School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	MicheLee Puppets, Inc Amount Given 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Milw ee Middle School Amount Given 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Orlando Day Nursery Amount Given 2,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Orlando Row ing Assoc Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Orlando Rugby Club Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Red Bug Elementary Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Reedy Creek Elementary School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Robinsw ood Middle School Amount Given 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Rock Lake Middle School Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	St Mary Magdalen School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Star Athletics Amount Given 1,500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Sunset Park Elementary Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	The Getaboard Foundation Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	The Gift of Swimming Amount Given 1,875
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	The Winter Park HS Foundation, Inc Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Timber Creek High School Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	UCP of Central Florida Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	University High School Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification	Grantee Name	Walker Middle School Amount Given 1,049

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Wekiva Elementary School Amount Given 2,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Winter Park High School Foundation, Inc Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Grantee Name Winter Park YMCA Amount Given 1,500 Total included on Form 990-EZ, line 10 98,819
Other Expenses	Form 990-EZ, Part I, Line 16	Description Miscellaneous Amount 385 Description Taxes & Licenses Amount 61 Description Advertising Expenses Amount 144 Total to Form 990-EZ, line 16 590
Other Assets	Form 990-EZ, Part II, Line 24	Description Due From Trackshack Fitness Club Beg of Year Amount 0 End of Year Amount 3,844
Other Liabilities	Form 990-EZ, Part II, Line 26	Description Due To Trackshack Fitness Club Beg of Year Amount 93 End of Year Amount 0

Additional Data

Software ID:

Software Version:

EIN: 59-3306035

Name: Track Shack Foundation

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dan Traver President	3 00	0	0	0
Melanie Fernandez Treasurer	1 00	0	0	0
Susan Godorov Vice President	1 00	0	0	0
Alan Lawson Director	1 00	0	0	0
Charline Gauthier Director	1 00	0	0	0
Tatjana Chenoweth Director	1 00	0	0	0
Joel Remigio Director	1 00	0	0	0
John Calpey Director	1 00	0	0	0