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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Αİ | or th | e 201 | 3 cale | nda | r year, or t | ах у | ear beg | inning | | | , 2013 | 3, and | endi | ing | _ | | , 2 | 20 |
|------------------|--|---|-----------|-----------------|---------------------------------------|------------|-------------|--|--------|---------------|------------------------------|--|----------|---------------------|-------------------------------|--------|-----------------|--|
| | | | C Nam | ie of | organization | | | | | | | | | | D Employer | ident | ification nu | mber |
| В | heck if ap | plicable | ΑT | LAN | TA TRAC | КС | LUB, | INC. | | | | | | | 58-13 | 674 | 22 | |
| Г | Addre- chang | | Doin | g Bu | siness As | | | | | | | | | | | | | |
| | 7 | change | Nun | ber a | and street (or | POt | ox if mail | s not delivered | to st | reet addres | ss) | Room | /suite | | E Telephone | num | ber | |
| | -1 | return | 30 | 97 | EAST SH | ADO | WLAWN | AVENUE | | | | | | | (404) 2 | 31- | -9064 | |
| | Termi | | | | wn, state or p | | | | reign | postal cod | e | <u>. </u> | | | | | | * . |
| | Amen | ded | АТ | T.AN | ITA, GA | 303 | 05-24 | 03 | | | | | | | G Gross rec | eipts | \$ 6 | 5,031,593. |
| | return Applic | ation | | | d address of p | _ | | | ARD | KENAI | | | | | H(a) Is this a | | | Yes X No |
| _ | pendi | ng | | | EAST SH | | | | | | | 305-2 | 403 | | Subordina H(b) Are all sub | | es included? | Yes |
| $\overline{}$ | Tay.ev | empt sta | | Тx | т | 7 | 501(c) (| | nsert | i i | 4947(a)(1) | | \neg | 27 | -1 ` ' | | list (see instr | |
| ÷ | | | | 1 | LANTATRA | CKC | | | HSCH | 110) | 4347(a)(1) | <u> </u> | 1 | 21 | H(c) Group ex | | | |
| <u></u> | | | | | | I | | | 1 | 000 | | | \/ | | tion 1966 I | | | dominite C7 |
| K | | of organ | | X | Corporation | | Trust | Association | | Other | | L | Year | or torma | tion 1900 i | VI Sta | ate or legal o | domicile GA |
| L i | art I | | nmar | | | | | | | | | ODID | | NID | ICACE BUE | | NANALINI T. (T. | |
| | 1 | | | | | | | | | | | SPIR | E A | ND EN | IGAGE THE | ; | DWWONTI | .X .TO |
| Governance | | ACH. | IEVE | HE | ALTH AN | D F | ITNESS | S_THROUG | H I | RUNNIN | G. | | | | | | | |
| nar | | | | | | _ - | | | | | | | | | | | | |
| Š | 2 | Check | | | _ | _ | | | | • | • | | | | 6 of its net ass | | 1 | |
| | | Numb | er of v | otıng | g members o | f the | governir | ig body (Part | VI, li | ine 1a) | | | | | | _ 3 | 3 | 15. |
| ංජ ග | 4 | Numb | er of ır | ndep | endent votin | g me | mbers of | f the govern | ıng b | ody (Part | VI, line 1b) | | | | | . 4 | <u> </u> | 15. |
| Activities | 5 | Total | numbe | r of | ındıvıduals e | mplo | yed in ca | lendar year 2 | 2013 | (Part V, I | line 2a) 👝 | | | | | 5 | i | 28. |
| <u>;</u> | 6 | Total | numbe | r of | volunteers (e | stima | te if nece | essary) | | <i>.</i> | | | | | | . 6 | ; | 13,500. |
| ĕ | 7a | Total | unrelat | ed b | usiness reve | nue f | rom Part | VIII, column | (C), | line 12 | | | | | | 7: | а | 350. |
| <u></u> | | | | | | | | | | | | | | | | 71 | b | 0 |
| Ñ | 1 | | | | | | | | | | | | - | | Prior Year | | Cu | rrent Year |
| | 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) RECEIVED | | | | | | | | | | 1,099,6 | 573 | . 1 | ,293,574. | | | | |
| | 9 | Progra | am ser | vice | revenue (Par | t VIII | line 2a) | | \b | RECE | | | | • | 4,294,0 | | _ | ,534,902. |
| CURRA Revenue | 10 | Invest | ment i | ncor | ne (Part VIII | colu | mn (A) lı | nes 3 4 and | 7d) | | | | ٠. | | 33,0 | | | -5,733. |
| jě | 11 | Other | reveni | 11001 110 (F | Part VIII, colu | ımn (| Δ) lines | 5 6d 8C3C | 160c | Jand 11e | · · · · · · · · · | 721 | | - | 23,0 | | | 98,287. |
| 2 | 12 | Total | CVCIII | ae (1 | ant viii, con add lines 8 th | 311111 | h 11 (mu | et equipper | YYY. | | A) 20142) | lől | | • | 5,449, | | | ,921,030. |
| ם ח | | | | | ar amounts p | | | | | | <u> </u> | | •• | +- | 376, | | | 490,614. |
| _ | 13 | Donof | to pou | 4 +0 | ar amounts p or for mombe | aiu (i | art IV co | Jump (A) In | | م سا قرا و | | ١٤١٠ | ٠. | • | 3,07 | | 0 | |
| ~ ^ | 4.5 | | | | | | | .≕∦ | | • | 1,385,694 | | <u> </u> | ,463,107. | | | | |
| Expenses | 15 | | | | | | | <u>.</u> | • • | • — | 1,303,0 | - | 0 | ,405,107. | | | | |
| , ie | 16a | a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,081. | | | | | | • | | | | | | | | | | |
| Ë | . b | | | _ | | | | | _ | | | | | | 2 574 | 202 | | 111 002 |
| | | | | | (Part IX, colu | | | | | | | | | | 3,574,3 | | | ,111,993. |
| | 1 | | | | Add lines 13 | | | | | | | | | | 5,336,4 | | - | ,065,714. |
| | | Rever | ue les | s ex | penses Sub | tract | line 18 fro | om line 12 . | • • | <u></u> | <u></u> | · · · | | | 113,3 | | | -144,684. |
| Sor | | | | | | | | | | | | | | Begin | nning of Currer | | | nd of Year |
| Net Assets | 20 | | | | t X, line 16), | | | | | | | | | • | 3,418, | | | ,023,255. |
| ξ | 21 | Total | liabiliti | es (F | Part X, line 26 | i) | | | | | | | | ٠ 🖵 | 620, | | | 370,191. |
| ž | 22 | Net as | sets c | r fur | nd balances | Sub | ract line | 21 from line 2 | 20. | | | | ٠. | | 2,797, | 148 | . 2 | ,653,064. |
| _ | art II | | gnatu | | | | | | | | | | | | | | | |
| Ur | der per | nalties o | of perjui | ry,io | declare that I i eclaration of p | have e | examined | this return, inc an officer) is b | cludir | ng accomp | canying sched | iules an | d stat | ements nas anv k | and to the best | of m | y knowledg | e and belief it is |
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| ٠. | | | | | our | IN | | | | • | | | | | | 78 | <u>. 14.</u> | <u> 17 </u> |
| Sig | | | Signa | e o | f officer | | 1 | | | | | | | | Date | | | |
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| | parer | Firm's | name | | SMITH & | HOV | ARD, | P.C. | | 1 | 7 | | | | Firm's EIN | · 58· | -125048 | 36 |
| Us | e Only | | | | 271 17TH | | | SUITE | 160 | O ATL | ANTA, G | A 30: | 363 | | Phone no | | 4-874-6 | |
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Form **990** (2013)

For Paperwork Reduction Act Notice, see the separate instructions

| Part | IV, Checklist of Required Schedules | | | |
|------|--|-----|-----|-------------|
| | | | Yes | No |
| 1, | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| , 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| , | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | 1 |
| | VII, VIII, IX, or X as applicable | | | لــ ـــ ــا |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| _ d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | ļ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | X | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | L |

| Part | V . Checklist of Required Schedules (continued) | | | |
|------|--|-----|-----|------|
| | | | Yes | No |
| 21 . | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Χ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Χ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| - | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part L | 25b | | Χ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any | _ | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If so, complete Schedule L, Part II | 26 | | Χ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Χ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L. Part IV | 28b | | Χ |
| - с | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Χ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Χ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | · | | |
| | Part I | 31 | | Χ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | _X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | Χ |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| • | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Χ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Χ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| _ | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | | 990 | (201 |

| a Enter the number reported in Box 3 of Form 1096 Enter-0-if not applicable, 1a 119 b Enter the number of Forms W-26 included in line 1 a Enter-0-if not applicable, 1b 0 c D d the organization comby with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? . 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 a 2 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | <u></u> |
|--|---------------|--------------|
| be Enter the number of Forms W-2G included in line 1a Enter-O- finot appicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without provided in the provide | No | Yes |
| b Enter the number of Forms W-2S included in line 1s Enter-O- find applicable. □ 0 of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2. Statements, flied for the calendar year ending with or within the year covered by this return 2. Statements, flied for the calendar year ending with or within the year covered by this return 2. Statements, flied for the calendar year ending with or within the year covered by this return 2. Statements, flied for the calendar year ending with or within the year covered by this return 2. Statements, flied for the calendar year ending with or within the year covered by this return 2. Statements, flied for the calendar year, do the organization file all required federal emblody only and the organization have unrelated business gross income of \$1,000 or more during the year? 2. Statements and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Sec intertions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts accounts? 3. State was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5. So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that they every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? 3. So Did the organization solicit any contributions that may receive deductible contributions under section 170(c). So Did the organization solicit any contributions with the section 170(c). So Did the organization solicit any contributions that the section 170(c). So Did the organization solicit any co | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) winnings to prize winners? a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 a 28 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). But the organization have unrealted business gross income of \$1,000 or more during the year or or organization have unrealted business gross income of \$1,000 or more during the year or or their submit yover, a financial account in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country [such as a bank account, securities account, or other financial accounts as Was the organization have unrealted tax shelter transaction at any time during the tax year? b If Yes, enter the name of the foreign country [such as a bank account, securities account] in a foreign country (such as a bank account, securities account or other financial accounts as Was the organization aparty to a proributed tax shelter transaction of a prohibited tax shelter transaction? b If Yes, enter the name of the foreign Country [such as a bank account, securities account or other financial accounts as Was the organization and protein that it was or is a party to a prohibited tax shelter transaction? b If Yes, did the organization that it was or is a party to a prohibited tax shelter transaction? f If Yes, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? Organization shell express that the properties of the year and properties of the year and properties of the year | | |
| reportable gamming (gambling) winnings to prize winners? Enter the number of amployees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | |
| Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 28 statements, filed for the calendary year ending with or within the year covered by this return 2a 28 | : | Х |
| Statements, filed for the calendar year ending with or within the year covered by this return 2a 28 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a X X b if Yes, 'has if filed a Form 990. To fir this year? 17 No' 1o file 3b, provide an explanation in Schedule 0 3b X X a K1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 1b Yes, 'has if filed a Form 990. To fir Fig. 2c 1, Report of Foreign Bank and Financial Accounts as Was the organization apart to a prohibited tax sheller transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did Yes,' enter the name of the foreign country 1b Yes, and the organization include with deep report of Foreign Bank and Financial Accounts at Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? Organization start may receive deductible contributions under section 170(c). a Did the organization start may receive deductible contributions under section 170(c). b If Yes,' did the organization notify the donor of the value of the goods or services provided to the payor? b If Yes,' did the organization with the payor? c Did the organization receive a contribution of undersety, to pay premiums on a personal benefit contract? If Did the organization receive a contribution of undersety for payoration selle, exchange, or otherwise dispose of langible personal proper | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions). a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 | | |
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| If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Bid the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Intitiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | $\frac{1}{x}$ | |
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| c Enter the amount of reserves on hand | | |
| c Enter the amount of reserves on hand | | |
| a Did the organization receive any payments for indoor tanning services during the tax year? | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | X | |
| | | |
| 1000 Form 990 |) (2013 | n 990 |

| Form 9 | 90 (2013) ATLANTA TRACK CLUB, INC58-13 | 57422 | | Page 6 |
|--------|---|------------|----------------|--|
| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b beloweresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Company. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 15 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 7 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 15 | | - |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | ļ | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | : | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4_ | ļ | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5_ | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | ,, | |
| | one or more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | | \ _V | |
| | stockholders, or persons other than the governing body? | 7b | X | - |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | X | |
| a | The governing body? | 8a | X | - |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenu | | e) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | X | <u> </u> |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | ۱., | |
| | rise to conflicts? | 12b | X | - |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, | | ,, | |
| | describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | ├─ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | - |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 1 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | X | |
| a | The organization's CEO, Executive Director, or top management official | 15a 15b | X | |
| b | Other officers or key employees of the organization | 135 | <u> </u> | |
| 460 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | . | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | x |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | - | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | ŀ | |
| | organization's exempt status with respect to such arrangements? | 16b | <u></u> | L |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶_GA, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply | ` | , | • • |
| | Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of it | nterest | policy | , and |
| | financial statements available to the public during the tax year | | | |

State the name, physical address, and telephone number of the person who possesses the books and records of the organization CHRIS DIERKES 3097 EAST SHADOWLAWN AVENUE ATLANTA, GA 30305-2403 404-231-9064

JSA

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

Check if Schedule O contains a response or note to any line in this Part VII..........

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 (list any | (do r box, | not ch unles | Pos heck ss pe | c) ition more | e than o | one an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|---|--|--------------------------------|-----------------------|----------------------|---------------------|------------------------------|-----------|---|---|---|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations |
| _(1)CHARLIE CRAWFORD | 1.00 | ., | | v | | | | | | 0 |
| BOARD MEMBER - PRESIDENT | 1 00 | X | | Х | <u> </u> | | | 0 | 0 | 0 |
| (2)WILLIAM_DUFFEY_ BOARD_MEMBER - VICE_PRESIDENT | 1.00 | Х | | X | | | | 0 | 0 | 0 |
| (3)KRISTI DETAMORE | 1.00 | | | Λ. | | | | | | |
| BOARD MEMBER - SECRETARY | | Х | | x | | | | | 0 | 0 |
| (4)SARAH DARVILL | 1.00 | | | | | | | | | |
| BOARD MEMBER - TREASURER | | Х | | X | | | | 0 | 0 | 0 |
| (5)MALCOLM CAMPBELL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (6)BARBARA CHANDLER | 1.00 | | | | | | | | | |
| BOARD MEMBER | <u> </u> | Х | | | | | | 0 | 0 | 0 |
| (7)KENNETH EATON | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| _(8)MARY FORD | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| _(9)JOSH_GLASS | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | <u> </u> | | | 0 | 0 | 0 |
| (10)SHAWN HARDISTER | 1.00 | ., | | | | | | | | 0 |
| BOARD MEMBER | 1 00 | X | _ | | <u> </u> | | - | 0 | 0 | 0 |
| (11)SUSAN JONES | 1.00 | X | | | | | | | 0 | 0 |
| BOARD MEMBER (12)JEROME SCALES | 1.00 | | | | | <u> </u> | | | | |
| BOARD MEMBER | -+ | X | | | | | | 1 | O | 0 |
| (13)HILARY SILVERBOARD | 1.00 | | | | | | | | <u> </u> | o |
| BOARD MEMBER | + | Х | | | | | | l o | 0 | 0 |
| (14)KELLY WALSH | 1.00 | | | | | | | | | |
| BOARD MEMBER | - - | Х | | | | | | 0 | 0 | 0 |

Form **990** (2013)

| Part VII Section A. Officers, Directors, Tr | ustees, Ke | y En | nplo | oye | es, | and l | Hig | hest Compensat | ed Employ | ees (co | ontinue | d) | |
|---|---|--------------------------------|-----------------------|-------------|-----------|----------------------------------|---------------------------------------|--|-------------------------------------|-------------------|--------------------|---|----------|
| (A) Name and title | (B) Average hours per week (list any | box, | unle: er an | Pos heck | erson | e than o is both tor/trust | an | (D) Reportable compensation from | (E) Reportable compensation related | n from | Est am | (F) timated ount of other pensation | |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatio (W-2/1099-N | | fro orga and | om the anization related in ization | n I |
| 15) MICHAEL WIEN | 1.00 | | | | | <u> </u> | - | | | | | | |
| BOARD MEMBER | | Х | ļ | <u> </u> | ļ | | | C | | 0 | | | |
| 16) TRACEY RUSSELL | 40.00 | - | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | <u> </u> | _ | X | | | | 111,527. | | 0 | | 14,5 | 19 |
| 17) CHRIS DIERKES FINANCE DIRECTOR | 40.00 | 1 | | Х | | | | 114,500. | | | | 28,4 | 65 |
| 18) SUE PAYNE | 40.00 | <u> </u> | | 1 | | | | 114,500. | | \dashv | | 20,4 | 05 |
| INTERIM EXECUTIVE DIRECTOR | † | | | X | | | | 85,045. | | o | | 7,2 | 57 |
| | | | | | | | ऻऻ | | | | | | <u> </u> |
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| 1b Sub-total | | | | | | | | 0 | | 0 | | | |
| c Total from continuation sheets to Part VII, S | | | | | | | | 311,072. | | 0 | | 50,2 | |
| d Total (add lines 1b and 1c) | | | | | | | | 311,072. | \$100.000 of | <u>Ч</u> f | | 50,2 | 41 |
| reportable compensation from the organization | | | 2 | | | | | | | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | er, directo | or, or | tru | uste | e, | key e | emp | loyee, or highest | t compensa | ted | _ | | _ |
| employee on line 1a? If "Yes," complete Sched | ule J for su | ch ınd | ividi | ual | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| organization and related organizations gr individual | | | | | | | | | | | , | | Х |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | 4 | | |
| for services rendered to the organization? If "Y | | | | | | | | | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | , | | <u> </u> | . <u></u> | 4-5-4 | | |
| 1 Complete this table for your five highest com- compensation from the organization. Report of year | | | | | | | | | | | | | |
| (A) | | | | | | | Τ | (B) | | | (C) | | |
| Name and business add | dress | | | | | | +- | Description of se | rvices | Cc | ompens | ation | |
| ATTACHMENT 1 | | | | | | | +- | | | | | | |
| | | | | | | | +- | | - | | | | |
| | | | | | | | +- | | | | | | |
| | | | | | | | + | | | | | | |
| 2 Total number of independent contractors (i | ncluding bi | ıt not | lim | nite | d to | thos | ـــــــــــــــــــــــــــــــــــــ | sted above) who | received | | | | |
| more than \$100,000 in compensation from the | | | | | | 4 | . 🕶 11 | | | | | | |

| Form | 990 (2 | 2013) ATLANTA TI | RACK CLUB, II | NC. | | 58-1367 | 122 _ Page 9 |
|---|-----------------------------|---|--------------------------------------|---|---|--|--|
| Pa | rt VII | | | | | | |
| a spiral desired and a spiral | • | Check if Schedule O contains a resp | oonse or note to ar | ny line in this Part (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns | | 1,293,574 | or and an own that do | · · · · · · · · · · · · · · · · · · · | |
| - Pi | | | Business Code | 1,233,373 | | | |
| Program Service Revenue | 2a b c | RACE ENTRY FEES MEMBERSHIP TRADE SHOW/CONVENTION TRAINING PROGRAMS | 711300 713940 611600 611600 | 3,813,533 460,811 198,204 62,354 | 3,813,533 460,811 198,204 62,354 | | |
| rogram | e f | All other program service revenue | | | | | |
| <u>a.</u> | 3 4 5 | Investment income (including dividends, into other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties | erest, and 2 d proceeds | 4,534,902 27,073 0 | | | 27,073 |
| | 6a b | Gross rents | (II) Personal 4,545 4,545 | | | | |
| | 7a | Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) | | 0. | | | |
| Other Revenue | d 8a | Net gain or (loss) | | -32,806 | * | W of a control of angles of the control of the cont | -32,806 |
| Other | b c 9a | See Part IV, line 18 | b | 0 | | | |
| | b c 10a | Less direct expenses | b ▶ | 0 | *** | | |
| | b c | | b 71,712 | 92,952 | 92,952 | | |
| | 11a b c | REIMBURSED EXPENSES OTHER INCOME | 900099 | 4,985 | 4,985 | 350 | _ |
| | d e 12 | All other revenue | ▶ | 5,335 5,921,030 | 4,632,839 | 350 | -5, 733 |

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) Check if Schedule O contains a response or note to any line in this Part IX X (C) Management and Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. general expenses 1 Grants and other assistance to governments and 299,911. 299,911 organizations in the United States See Part IV, line 21 . 2 Grants and other assistance to individuals in 100,468. 100,468 the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the 90,235. 90,235. United States See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 362,640. 257,474. 90,660. 14,506. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 876,936. 719,088. 149,079. 8,769. 8 Pension plan accruals and contributions (include section 64,215. 52,656. 10,917 642. 401(k) and 403(b) employer contributions) 68,483. 56,156. 11,642 685. 90,833. 17,344. 71,867. 1,622. 11 Fees for services (non-employees) a Management 2,114. 2,114. 9,725. 9,725. 29,759. 29,759. c Accounting 0 e Professional fundraising services See Part IV, line 17. f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column 488,608. 401,935. 86,673. (A) amount list line 11g expenses on Schedule O). 27,969. 349,609. 321,640. 12 Advertising and promotion 82,826. 100,959. 17,388. 745. 10,749. 21,498. 10,749. 14 Information technology 104,997. 86,138. 775. 18,084. 91,603. 87,023. 4,580. Payments of travel or entertainment expenses for any federal, state, or local public officials 87,718. 57,894. 29,824. 19 Conferences, conventions, and meetings 1,729. 1,729 21 Payments to affiliates....... 86,911. 69,529. 17,382. 22 Depreciation, depletion, and amortization 52,378. 13,094. 65,472. 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) 654,908 aT-SHIRTS, GIFTS AND PRIZES 654,908. 624,868. 624,868 bEQUIPMENT AND RENTAL 624,366. 624,366 cOTHER RACE EXPENSES 143,489 143,489 dMAGAZINE EXPENSES 578,886 e All other expenses <u>ATCH 4</u> 623,660. 22,437. 22,337. 6,065,714. 50,081. 5,444,484. 571,149. 25 Total functional expenses Add lines 1 through 24e 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 ▶ [following SOP 98-2 (ASC 958-720) . .

JSA 3E1052 1 000

| Pa | rt X | Balance Sheet | | | |
|-------------|------|--|--------------------------|-----|--------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | rt X | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | 0 |
| | 2 | Savings and temporary cash investments. | 2,798,859. | 2 | 2,408,827. |
| | 3 | Pledges and grants receivable, net | 0 | 3 | C |
| | 4 | Accounts receivable, net | 30,038. | 4 | 88,484. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees | | | |
| | | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section | 0 | 5 | |
| " | 6 | 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) Complete Part II of Schedule L | 0 | 6 | |
| ets | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | 1,013. | 8 | 82,003. |
| _ | 9 | Inventories for sale or use Prepaid expenses and deferred charges | 107,439. | 9 | 72,645. |
| | 10 a | Land, buildings, and equipment cost or | - | | |
| | | other basis Complete Part VI of Schedule D 10a 924, 391. | | | |
| | b | Less accumulated depreciation | 460,367. | 10c | 359,428. |
| | 11 | Investments - publicly traded securities | | 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 | 20,709. | 15 | 11,868. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,418,425. | 16 | 3,023,255. |
| | 17 | Accounts payable and accrued expenses | 171,023. | | 105,991. |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 439,412. | 19 | 258,371. |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| S | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, | | | |
| jabi | | trustees, key employees, highest compensated employees, and | | | |
| | | disqualified persons Complete Part II of Schedule L | | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties ATCH. 7. | 10,242. | | 5,829. |
| | 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 | 620,677. | 26 | 370,191. |
| ses | | Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. | | | |
| and | 27 | Unrestricted net assets | 2,797,748. | 27 | 2,653,064. |
| Balances | 28 | Temporarily restricted net assets | 0 | 28 | 0 |
| Fund | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| or Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | 2,797,748. | 33 | 2,653,064. |
| _ | 34 | Total liabilities and net assets/fund balances | 3,418,425. | 34 | 3,023,255. |

Form **990** (2013)

ATLANTA TRACK CLUB, INC.

| Form 99 | 90 (2013) | _ | | F | age 12 |
|---------|--|---------|---------|---------|---------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | <u></u> | |
| 1. | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5,921, | 030. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 6,065, | 714. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -144, | 684. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2,797, | 748. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 2,653, | 064. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990 CashX Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | ın | | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | or | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2b X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | | | | |
| | separate basis, consolidated basis, or both | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | sight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | - | | 2c X | |
| | If the organization changed either its oversight process or selection process during the tax year, | explain | ın | | ĺ |
| | Schedule O | • | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | ın | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | dergo t | he | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | | 3b | \perp |
| | | | | om 990 | (2013) |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number Name of the organization ATLANTA TRACK CLUB, INC 58-1367422 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated 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) 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 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 Yes No (iii) below, the governing body of the supported organization? 11g(ı) (iii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) is the (VII) Amount of monetary (IV) is the (described on lines 1-9 organization the organization organization in support col (I) listed in above or IRC section in col (i) of your col (i) organized your governing (see instructions)) support? document? Yes Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|-------------------------|-------------------|-----------------|-----------------|---------------------------------------|--------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 81,070 | 802,793 | 903,030 | 1,099,673 | 1,293,574 | 4,180,140 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total Add lines 1 through 3 | 81,070 | 802,793 | 903,030 | 1,099,673 | 1,293,574 | 4,180,140 |
| 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) | | | | | | 1,667,642 |
| 6 | Public support. Subtract line 5 from line 4 | | <u> </u> | | | | 2,512,498 |
| | tion B. Total Support | (=) 2000 | (b) 2010 | (a) 2011 | (4) 2012 | (e) 2013 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | · · · · · · · · · · · · · · · · · · · | (f) Total |
| 7 | Amounts from line 4 | 81,070 | 802,793 | 903,030 | 1,099,673 | 1,293,574 | 4,180,140 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5,979 | 36,103 | 49,484 | 33,230 | 27,073 | 151,869 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | 0 |
| 11 | Total support Add lines 7 through 10 | | | | | <u> </u> | 4,332,009 |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | 17,112,176 |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | | <u> </u> | | | | |
| Sec | tion C. Computation of Public Sup | | <u> </u> | - - | | | F.O. 00 at |
| 14 | Public support percentage for 2013 (li | ne 6, column (f |) divided by line | 11, column (f)) | | 14 | 58.00 % 55.20 % |
| 15 | Public support percentage from 2012 | Schedule A, Pa | art II, line 14 | | | 15 | |
| 16a | 331/3% support test - 2013. If the o | | | | | | |
| | this box and stop here. The organization | | | | | | |
| b | 331/3% support test - 2012. If the c | | | | | | |
| 47. | check this box and stop here. The org. | | | | | | |
| 1/a | 10%-facts-and-circumstances test - 2 10% or more, and if the organization | | | | | | |
| | Part IV how the organization meets t | | | | | | |
| | | | | | | | |
| b | organization | 2012. If the org | ganization did n | ot check a box | on line 13, 16 | a, 16b, or 17a, | and line |
| | 15 is 10% or more, and if the orga | | | | | | |
| | Explain in Part IV how the organization | | | | | | |
| 18 | supported organization Private foundation. If the organization | did not check | a box on line 13 | , 16a, 16b, 17a | , or 17b, check | this box and see | |
| | instructions | <u> </u> | | | | | |
| | | | | | S | chedule A (Form 99 | 90 or 990-EZ) 2013 |

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)

| Sect | tion A. Public Support | | | | | | |
|------------------|--|------------------|------------------|-------------------------|------------------|-----------------|---------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants") | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | **** | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| _ | or 1% of the amount on line 13 for the year | - | | | | | |
| | Add lines 7a and 7b Public support (Subtract line 7c from | | | | | | |
| Ü | line 6) | | | | | | |
| Sec | tion B. Total Support | | | | l | | L |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | . , | . , | · · · · | |
| - | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| h | Unrelated business taxable income (less | | | | | | |
| U | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | i | | | | |
| _ | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| 11 | 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 | | | | | | |
| 4.2 | (Explain in Part IV) | | | | | <u> </u> | |
| 13 | Total support (Add lines 9, 10c, 11, | | | | | | |
| 4.4 | First five years If the Form 990 is for | the organization | n's first second | third fourth or | fifth tax year a | e a section 501 | (c)(3) |
| 14 | • | · · | | | • | | |
| 500 | organization, check this box and stop here. tion C. Computation of Public Sup | | | <u> </u> | | <u> </u> | •••• |
| <u> 15</u> | Public support percentage for 2013 (line 8, | | | nn (f)) | | 15 | % |
| 16 | Public support percentage from 2012 Sche | | | | | 16 | |
| | tion D. Computation of Investmen | | | · · · · · · · · · · · · | | 10 1 | |
| | Investment income percentage for 2013 (Irr | | | 3 column (f)) | | 17 | % |
| 17 18 | Investment income percentage for 2013 (iii Investment income percentage from 2012 § | | | | | 18 | |
| 18 | 331/3% support tests - 2013 If the org | | | | | <u> </u> | |
| ısa | 17 is not more than 331/3%, check thi | | | | | | |
| L | | | | | | | |
| Đ | 331/3% support tests - 2012. If the orgaline 18 is not more than 331/3% check | | | | | | |
| 20 | | | | | | | |
| 20 JSA | Private foundation If the organization of | uiu noi check | a bux on line | 17, 13a, UI 19L | | | 990 or 990-EZ) 2013 |

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV. Supplemental Information. 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)

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection Employer identification number

| ATI | ANTA TRACK CLUB, INC. | | 58-1367422 |
|--------|--|---|--|
| Pai | | sed Funds or Other Similar Funds or | Accounts. |
| | Complete if the organization answered | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | | | |
| | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | advectors in virtue that the coasts hold in | daner advised |
| 5 | Did the organization inform all donors and donor | - | |
| _ | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | | |
| | only for charitable purposes and not for the bene | • | |
| | conferring impermissible private benefit? | | |
| 1 2 21 | Conservation Easements. Complete if | | m 990, Part IV, line / |
| , | Purpose(s) of conservation easements held by the | | - |
| | Preservation of land for public use (e.g., rec | | of an historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization l | held a qualified conservation contribution in | the form of a conservation |
| | easement on the last day of the tax year | | Hold at the Ford of the Ton Year |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easemen | | 1 |
| С | Number of conservation easements on a certified | | 2c |
| d | Number of conservation easements included in (| | |
| | historic structure listed in the National Register. | | |
| 3 | Number of conservation easements modified, tra | nsferred, released, extinguished, or termin | nated by the organization during the |
| | tax year > | | |
| 4 | Number of states where property subject to cons | | |
| 5 | Does the organization have a written policy regar | | - 1 1 |
| | violations, and enforcement of the conservation e | | |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, and enforcing conservation eas | sements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspe | ecting, and enforcing conservation easeme | nts during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on li | · · · · · · · · · · · · · · · · · · · | |
| | (i) and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text | | cial statements that describes the |
| | organization's accounting for conservation easem | | |
| Pa | | s of Art, Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answere | | |
| 1a | If the organization elected, as permitted under Sworks of art, historical treasures, or other similarity | SFAS 116 (ASC 958), not to report in its | revenue statement and balance sheet |
| | public service, provide, in Part XIII, the text of the | footnote to its financial statements that des | scribes these items |
| b | If the organization elected, as permitted under | | |
| | works of art, historical treasures, or other simi | | |
| | public service, provide the following amounts rela | | |
| | (i) Revenues included in Form 990, Part VIII, line | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of | art, historical treasures, or other similar | assets for financial gain, provide the |
| | following amounts required to be reported under | | |
| а | Revenues included in Form 990, Part VIII, line 1 . | | |
| b | Assets included in Form 990, Part X | | |
| For F | aperwork Reduction Act Notice, see the Instructions f | or Form 990 | Schedule D (Form 990) 2013 |

| Par | t III Organizations Maintaining Colle | ctions of Art, Hist | orical Treasure | es, or Othe | er Similar A | Assets (cor | itinued) |
|-----------|--|--------------------------------------|----------------------------------|-----------------------|-----------------|----------------|--------------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | sion, and other recor | ds, check any of | f the followi | ng that are a | significant | use of its |
| а | Public exhibition | d | Loan or excha | inge program | s | | |
| b | Scholarly research | е | Other | | | | |
| С | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's XIII | collections and expla | ain how they furt | ther the orga | anızatıon's ex | cempt purpos | se in Part |
| 5 | During the year, did the organization solicit of | or receive donations o | of art, historical tre | easures, or o | ther sımılar | | |
| _ | assets to be sold to raise funds rather than to | | | | | Tyes | No |
| Par | or reported an amount on Form 9 | ents. Complete if th | | | | | |
| 4. | Is the organization an agent, trustee, custodi | ion or other intermed | ary for contribute | one or other | assats not | | |
| ıa | | | | | | □ vaa | |
| L | included on Form 990, Part X? | and complete the fell | | | | L Yes | No |
| D | ir fes, explain the arrangement in Part Air | and complete the following | owing table | | Amou | | |
| _ | Degunna holongo | | } | 4- | Alliot | JIII. | -, |
| | Beginning balance | | | | | | |
| | Additions during the year | | <u> </u> | | | | |
| | Distributions during the year | | ` | | | | |
| | Ending balance | | | | | | |
| | Did the organization include an amount on F | | | | | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | |
| Par | t V Endowment Funds. Complete if t | | | | | | |
| | | rrent year (b) Prio | oryear (c) Iwo | years back | (d) Three years | back (e) Four | r years back |
| | Beginning of year balance | | | | | | |
| | Contributions | | | | | | |
| С | Net investment earnings, gains, | | | | | | |
| | and losses | | | | | | |
| | Grants or scholarships | | | | | | |
| е | Other expenditures for facilities | | | | | | |
| | and programs | | | | | | |
| | Administrative expenses | | | | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balance | e (line 1g, column | (a)) held as | | | |
| а | Board designated or quasi-endowment | % | | | | | |
| b | Permanent endowment ▶ % | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | uld equal 100% | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation that are held | d and adminis | stered for the | | |
| | organization by | | | | | ſ | Yes No |
| | (i) unrelated organizations | | | | | [3a(i) | |
| | (ii) related organizations | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | e organization's endov | wment funds | | | | |
| Par | +VI Land, Buildings, and Equipment. | | | -, | | - | |
| | Complete if the organization ansi | | | | | | |
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other bas (other) | sis (c) Accu depre | | (d) Book va | lue |
| 1a | Land | (mvestment) | 40,48 | | | | 40,480. |
| b | Buildings | | 491,02 | | 5,877. | | 35,147. |
| | Leasehold improvements | | 331,02 | | | | 00,111. |
| d | Equipment | | 376,59 | 4 20 | 5,425. | | 81,169. |
| | Other | | 16,29 | | | | $\frac{61,109.}{2,632.}$ |
| e Tota | II. Add lines 1a through 1e (Column (d) must | caual Form 000 Part | | | 3,661. | | |
| rota | ii. Add iines Ta tiirougii Te (Columni (d) must | ечиат гопп ээо, Рап | ∧, column (b), line | 5 10(c)) | | - | 59,428. |
| | | | | | | Schedule D (Fo | rm 990) 2013 |

| (a) Description of se (including name) (1) Financial derivatives (2) Closely-held equity interest (3) Other (A) (B) (C) (D) (E) (F) . (G) . (H) Total (Column (b) must equal Form 95 Part VIII Investments - F Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 95 Part X Other Liabilities | ecurity or category ne of security) Sts | (b) Book value | , Part IV, line 11c | See Form 990, Part X, line 12 (c) Method of valuation or end-of-year market value See Form 990, Part X, line 13 (c) Method of valuation or end-of-year market value |
|--|--|----------------------|--|--|
| (2) Closely-held equity interest (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Column (b) must equal Form 95 Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Complete if the (1) (2) (3) | p90, Part X, col (B) line 12) ► Program Related. e organization answere | ed "Yes" to Form 990 | | (c) Method of valuation |
| 3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Column (b) must equal Form 95 Part VIII Investments - F Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Complete if the (1) (2) (3) | 990, Part X, col (B) line 12) ► Program Related. e organization answere | ed "Yes" to Form 990 | | (c) Method of valuation |
| (A) (B) (C) (D) (E) (F) (G) (H) Total (Column (b) must equal Form 95 Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | 190, Part X, col (B) line 12) ► Program Related. e organization answere | ed "Yes" to Form 990 | | (c) Method of valuation |
| (B) (C) (D) (E) (F) (G) (H) fotal (Column (b) must equal Form 95 Part VIII Investments - F Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 (1) (2) (3) (4) (5) (6) (7) (8) (9) | 990, Part X, col (B) line 12) ► Program Related. e organization answere | ed "Yes" to Form 990 | | (c) Method of valuation |
| (C) (D) (E) (F) (G) (H) Total (Column (b) must equal Form 95 Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 (C) (T) (E) (E) (F) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I | 990, Part X, col (B) line 12) ► Program Related. e organization answere | ed "Yes" to Form 990 | | (c) Method of valuation |
| (D) (E) (F) (G) (H) Total (Column (b) must equal Form 95 Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | 990, Part X, col (B) line 12) ► Program Related. e organization answere | 1 | | (c) Method of valuation |
| (E) (F) (G) (H) Fotal (Column (b) must equal Form 95 Part VIII Investments - F Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Complete if the Ine 25 | 990, Part X, col (B) line 12) ► Program Related. e organization answere | 1 | | (c) Method of valuation |
| (F) (G) (H) Total (Column (b) must equal Form 95 Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the line 25 | Program Related. e organization answere | 1 | | (c) Method of valuation |
| (G) (H) Total (Column (b) must equal Form 95 Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | Program Related. e organization answere | 1 | | (c) Method of valuation |
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| Total (Column (b) must equal Form 95 Complete if the (a) Description (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Part X Other Liabilities Complete if the | Program Related. e organization answere | 1 | | (c) Method of valuation |
| Complete if the (a) Description of (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Complete if the (1) (2) (3) | Program Related. e organization answere | 1 | | (c) Method of valuation |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 98 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 98 Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the line 25 | | 1 | | (c) Method of valuation |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal (Column (b) must equal Form 95 Complete if the com | of investment | (b) Book value | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 99 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (5) (6) (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (6) (7) (8) (9) Total (Column (b) must equal Form 98) Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Complete if the | | - | | |
| (7) (8) (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Complete if the | | | | |
| (8) (9) Fotal (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Complete if the line 25 | .,, | | | |
| (9) Total (Column (b) must equal Form 95 Part IX Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| Complete If the Column (b) must equal Form 95 Other Assets. Complete If the Complete If the Complete If the Complete If the Complete If the Complete If the Complete If the Complete If the Complete If the Inne 25 | | | | |
| Complete if the Complete if the Complete if the Complete if the Complete if the Complete if the Complete if the Complete if the Complete if the line 25 | 200 Part V and (P) Imp 43 1 | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Complete if the line 25 | | <u>t</u> | <u> </u> | ······ |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | ed "Yes" to Form 990 | Part IV, line 11d | See Form 990, Part X, line 15 |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Complete if the line 25 | | a) Description | · | (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Complete if the line 25 | · · · · · · · · · · · · · · · · · · · | | | |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (7) (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (8) (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| (9) Total. (Column (b) must equal Part X Other Liabilities Complete if the | | | | |
| Part X Other Liabilities Complete if the | | | · | |
| Part X Other Liabilities Complete if the | 15 000 B ()/ (/B | 11 - 45) | | |
| Complete if the line 25 | | ine 15) | <u></u> | |
| line 25 | | ad "Ves" to Form 990 |) Part IV line 11e | or 11f See Form 990, Part X, |
| | e organization answer | ed les tolonneso | , raitiv, iiile i ie | or the Seet office 990, Fartix, |
| i (a) Description | on of liability | (b) Book valu | 16 | |
| (1) Federal income taxes | or trability | (b) Book valu | - | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | · | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Fotal (Column (b) must equal For | | | | |
| 2 Liability for uncertain tax positorganization's liability for uncerta | rm 990, Part X, col (B) line 25 |) ▶ | | |

| | on of Revenue per Audited F the organization answered "Ye | | | | 1. | |
|---------------------------------------|--|------------------------------|--------------|------------------------|------------|-------------------|
| | s, and other support per audited | | | | 1 | 6,070,108. |
| • | in line 1 but not on Form 990, Pa | | | | | |
| | s on investments | | 2a | | | |
| b Donated services at | nd use of facilities | | | 45,000. | | |
| c Pecoveries of prior | year grants | | 2c | 10,000. | | |
| c Recoveries of prior y | year grants | | 2d | 109,063. | | |
| d Other (Describe in P | Part XIII) | | | | | 154 062 |
| | h 2d | | | | 2e | 154,063. |
| | m line 1 | | _i | | 3 | 5,916,045. |
| | on Form 990, Part VIII, line 12, bi | | | | 1 | |
| · · · · · · · · · · · · · · · · · · · | es not included on Form 990, Pa | | - | | | |
| | Part XIII) | | 4b | 4,985. | | |
| c Add lines 4a and 4b | | | | | 4c | 4,985. |
| | lines 3 and 4c. (This must equal | | | | 5 | 5,921,030. |
| | on of Expenses per Audited the organization answered "Y | | | | rn. | |
| | l losses per audited financial state | monte | | | 1 | 6,214,792. |
| • | on line 1 but not on Form 990, Pa | | | | | |
| | | | 2a | 45,000. | | |
| a Donated services at | nd use of facilities | | 24 | 45,000. | | |
| b Prior year adjustme | nts | | 2b | | | |
| c Other losses | | | 2C | 100.063 | | |
| d Other (Describe in F | Part XIII) | | 2d | 109,063. | | 454.060 |
| e Add lines za tilioug | Zu | | | | 2e | 154,063. |
| | m line 1 | | | | 3 | 6,060,729. |
| | on Form 990, Part IX, line 25, but | | | | | |
| a Investment expense | es not included on Form 990, Pa | rt VIII, line 7b | 4a | | | |
| b Other (Describe in F | Part XIII) | | 4b | 4,985. | | |
| c Add lines 4a and 4b | | | | | 4c | 4,985. |
| 5 Total expenses Add | d lines 3 and 4c. (This must equa | i Form 990, Part I, line 18) | | | 5 | 6,065,714. |
| Part XIII Supplement | tal Information. | | | | | |
| Provide the descriptions re | equired for Part II, lines 3, 5, and | 9, Part III, lines 1a and 4, | Part I\ | /, lines 1b and 2b, Pa | art V, lin | e 4, Part X, line |
| 2, Part XI, lines 2d and 4b, | , and Part XII, lines 2d and 4b A | lso complete this part to p | rovide | any additional inform | nation | |
| SEE PAGE 5 | | | | | | |
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Part XIII Supplemental Information (continued)

PART X, LINE 2

ATC HAS BEEN GRANTED NONPROFIT STATUS BY THE IRS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, ATC IS EXEMPT FROM FEDERAL INCOME TAXES ON THE EXCESS OF ITS REVENUES OVER ITS EXPENSES. THIS EXEMPTION PROVIDES THAT DONORS MAY DEDUCT CONTRIBUTIONS TO ATC AS PROVIDED BY SECTION 170 OF THE INTERNAL REVENUE CODE.

FURTHER, ATC HAS BEEN FOUND NOT TO BE A PRIVATE FOUNDATION UNDER THE IRS CODE SECTION 509(A)(1) AND ACCORDINGLY, ATC IS SUBJECT TO A TAX ONLY ON UNRELATED BUSINESS INCOME. NO INCOME OR EXCISE TAXES ARE APPLICABLE TO THE PERIODS ENDED DECEMBER 31, 2013 OR 2012.

ATC ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS ATC TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. ATC BELIEVES IT IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2010.

PART XI, LINE 2D

\$ 4,545 EQUIPMENT RENTAL EXPENSES MOVED TO STATEMENT OF REVENUES \$71,712 COST OF GOODS EXPENSES MOVED TO STATEMENT OF REVENUES \$32,806 LOSS FROM DISPOSITION OF PROPERTY AND EQUIPMENT

\$109,063

Part XIII Supplemental Information (continued)

PART XI, LINE 4B

\$ 4,985 INCOME FROM REIMBURSEMENT OF EXPENSES

PART XII, LINE 2D

\$ 4,545 EQUIPMENT RENTAL EXPENSES MOVED TO STATEMENT OF REVENUES

ATLANTA TRACK CLUB, INC.

\$71,712 COST OF GOODS EXPENSES MOVED TO STATEMENT OF REVENUES

\$32,806 LOSS FROM DISPOSITION OF PROPERTY AND EQUIPMENT

\$109,063

PART XII, LINE 4B

\$ 4,985 INCOME FROM REIMBURSEMENT OF EXPENSES

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16 ► Attach to Form 990. ► See separate instructions

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 58-1367422

| ATLANTA TRACK CL | | | | | |
|------------------------------------|---|--------------------|---|--|---|
| Form 990, | nformation on Activities Part IV, line 14b | | | | ered "Yes" on |
| assistance, the gra | Does the organization main intees' eligibility for the gra | ints or assistance | e, and the selection criter | a used to award the | X Yes No |
| assistance outside | | | | | and other |
| 3 Activities per Region (a) Region | on (The following Part I, lir (b) Number o offices in the region | f (c) Number of | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) EUROPE | | | PROGRAM SERVICES | TRAVEL/HOTEL | 3,820 |
| (2) RUSSIA/INDEPENDEN | T STATES | | PROGRAM SERVICES | TRAVEL/HOTEL | 805 |
| (3) SUB-SAHARAN AFRIC | A | | PROGRAM SERVICES | TRAVEL/HOTEL | 36,235 |
| (4) EAST ASIA AND THE | PACIFIC | | PROGRAM SERVICES | TRAVEL/HOTEL | 1,610 |
| (5) MIDDLE EAST AND N | ORTH AFRICA | | PROGRAM SERVICES | TRAVEL/HOTEL | 42,160 |
| (6) NORTH AMERICA | | | PROGRAM SERVICES _ | TRAVEL/HOTEL | 5,605 |
| (7) MIDDLE EAST AND N | ORTH AFRICA | | PROGRAM SERVICES | RUNNING EVENTS | 12,701 |
| (8) SOUTH ASIA | | | PROGRAM SERVICES | RUNNING EVENTS | 11,907 |
| _(9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | - | | | |
| (16) | | | | | |
| (17) | | | | | |

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

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3a Sub-total.......

Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013

114,843

114,843

Schedule F (Form 990) 2013

58-1367422 Page **2**

| (1) (2) (3) | | | | | | | appraisal other) |
|-------------------|---|------------------------------|----------|---|-----------------|---------------|------------------|
| | | | | | | | |
| (3) | | | | | | | |
| | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | _ | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | , | | | | | |
| (11) | ,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| (12) | | | | | | | |
| (13) | ····· | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| | | organizations listed above t | | | cognized as tax | k-exempt ► | |

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ATLANTA TRACK CLUB, INC.

Schedule F (Form 990) 2013

58-1367422

Page 3

Grants and Other Assistance to Individuals Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III Part III can be duplicated if additional space is needed (f) Amount of non-cash assistance (e) Manner of (g) Description (h) Method of (c) Number of recipients (b) Region (d) Amount of cash grant (a) Type of grant or assistance valuation (book, FMV, appraisal other) cash disbursement EUROPE/ICELAND/GREENLAND 3,220 PLANE/HOTEL

(1) TRAVEL EXPENSE (2) TRAVEL EXPENSE RUSSIA/NEWLY IND STATES 805 PLANE/HOTEL COST (3) TRAVEL EXPENSE SUB-SAHARAN AFRICA 5,635 PLANE/HOTEL COST (4) TRAVEL EXPENSE MIDDLE EAST/NORTH AFRICA 660ء, PLANE/HOTEL COST (5) TRAVEL EXPENSE NORTH AMERICA 2,405 COST (6) TRAVEL EXPENSE 1,610 PLANE/HOTEL EAST ASIA/PACIFIC COST (7) PRIZE MONEY 32,500 MIDDLE EAST/NORTH AFRICA MAIL _(8) PRIZE MONEY SUB-SAHARAN AFRICA 30,600 MAIL (9) PRIZE MONEY NORTH AMERICA 3,200 (10) PRIZE MONEY EUROPE/ICELAND/GREENLAND 600 MAIL (11) (12) (13) (14)(15) (16) (17) <u>(18)</u>

Schedule F (Form 990) 2013

| D | _ | А |
|-----|---|---|
| Pag | е | - |

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

Schedule F (Form 990) 2013

Part V

Supplemental Information

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

PART 1, LINE 2

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

PART 1, LINE 3

THE ATLANTA TRACK CLUB CO-HOSTED THE PEACHTREE FOR THE U.S. ARMED FORCES AT SIX LOCATIONS IN AFGHANISTAN AND KUWAIT. AROUND 3100 MILITARY PERSONEL PARTICIPATED IN THE 2013 OVERSEAS RACES THAT TOOK PLACE ON OR NEAR JULY 4TH. ALL PARTICIPANTS RECEIVED OFFICIAL PEACHTREE NUMBERS AND THE COVETED PEACHTREE T-SHIRT. THE ATC ALSO PROVIDED OFFICIAL START AND FINISH LINE BANNERS FOR EACH OF THE RACES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No 1545-0047

Name of the organization ATLANTA TRACK CLUB, INC Employer identification number

| | LANTA TRACK CLUB, INC | 58-13674 | 22 | |
|----|--|----------------|-------|----|
| Pá | It 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, an | d | |
| | the selection criteria used to award the grants or assistance? | | X Yes | No |
| 2 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | | | |

Part II Grants and Other Assistance to Governments and Organizations in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

| (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) VARIOUS GRANTS \$5,000 OR LESS | | | | | | | |
| | | | 42,611 | | | | VARIOUS |
| (2) ATLANTA TRACK CLUB FOUNDATION INC | | | | | | | |
| 3097 EAST SHADOWLAWN AVE ATLANTA, GA 30305 | 58-1872627 | | 50,000 | | | | LOCAL YOUTH RUNNING |
| (3) ONE FUND BOSTON | | | | | | | |
| PO BOX 990009 BOSTON, MA 02199 | 46-2547157 | | 26,200 | | | | BOSTON MARATHON BOM |
| (4) GRADY HOSPITAL BYCYCLE EMS | | | | | | | |
| 50 HURST PLAZA, SUITE 803 ATLANTA, GA 30305 | 28-5944834 | | 15,000 | | | | SUPPORT EMS BICYCLE |
| (5) CHILDREN'S HEALTHCARE OF ATLANTA | | | , | | | | |
| 1405 CLIFTON ROAD, NE ATLANTA, GA 30307 | 90-0779996 | | 15,000 | | ļ | | GENERAL DONATION - |
| (6) BRIAR VISTA BRIAR PATCH | | · | • | | | | |
| 1344 CHALMETTE DRIVE ATLANTA, GA 30306 | 45-3077865 | | 8,000 | | | | ADOPT-A-MILE SUPPOR |
| (7) GREAT PYRENEES RESCUE ATLANTA | | | | | | | |
| 7742 SPALDING DRIVE #413 NORCROSS, GA 30092 | 27-1178380 | | 7,500 | | | | ADOPT-A-MILE SUPPOR |
| (8) HOMESTRETCH | | | , | | | | |
| 89 GROVE WAY ROSWELL, GA 30075 | 58-2051038 | | 7,500 | | | | ADOPT-A-MILE SUPPOR |
| (9) BACK ON MY FEET ATLANTA | | | , | | | | |
| PO BOX 5867 ATLANTA, GA 30357 | 26-2109809 | | 7,500 | | | | ADOPT-A-MILE SUPPOR |
| (10) LEAD | | | 1,7-1 | | | | |
| PO BOX 2769 ACWORTH, GA 30102 | 06-1820196 | | 7,425 | | | | ADOPT-A-MILE SUPPOR |
| (11) CENTENNIAL PLACE SCHOOL FOUNDATION | 1 | | 1,123 | | | † | The state of the s |
| 531 LUCKIE STREET ATLANTA, GA 30313 | 20-8676681 | | 7,275 | | | | ADOPT-A-MILE SUPPOR |
| (12) THE LIONHEART SCHOOL | 20,0001 | | 1 .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | PROSE A PRESENTANT |
| 225 ROSWELL ST ALPHARETTA, GA 30009 | 58-2520723 | | 7,100 | | | | ADOPT-A-MILE SUPPOR |
| 2 Enter total number of section 501(c)(3) and of | | annizations had | | l — | 1 | <u> </u> | PROOFE A PILE SOFFOR |

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) (2013)

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2013

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs gov/form990.

Open to Public Inspection

OMB No 1545-0047

| Name of the organization | | | | | | Employer Identificat | ion number |
|--|-------------------|------------------|-----------------------|--------------------|----------------------------|----------------------|------------------------------------|
| ATLANTA TRACK CLUB, INC. | | | | | | 58-1367422 | 2 |
| Part I General Information on Grants an | nd Assistance | | | - | | | · |
| 1 Does the organization maintain records to s | substantiate the | amount of the | grants or assistar | ice, the grantees' | eligibility for the grants | or assistance, and | |
| the selection criteria used to award the gran | nts or assistance | :? | | | | | X Yes No |
| 2 Describe in Part IV the organization's proce | dures for moni | toring the use o | of grant funds in the | United States | | | |
| Part II Grants and Other Assistance to Part IV, line 21, for any recipient (| (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non | dditional space is n | (g) Description of | (h) Purpose of grant or assistance |
| (1) ASHFORD PARK SCHOOL PTA 2950 REDDING RD ATLANTA, GA 30319 | 58-6072378 | | 7,000 | | | | ADOPT-A-MILE SUPPO |
| (2) DECATUR BULLDOG BOOSTERS | | | 1,000 | | | | |
| PO BOX 3241 DECATUR, GA 30031 | 20-2147137 | | 7,000_ | | | | ADOPT-A-MILE SUPPO |
| (3) FCA SOUTH COBB/BUCKHEAD | | | 1 | | 1 | | 1 |

| (1) ASHFORD PARK SCHOOL PTA | | | |
|---|------------|-------|---------------------|
| 2950 REDDING RD ATLANTA, GA 30319 | 58-6072378 | 7,000 | ADOPT-A-MILE SUPPOR |
| (2) DECATUR BULLDOG BOOSTERS | | | |
| PO BOX 3241 DECATUR, GA 30031 | 20-2147137 | 7,000 | ADOPT-A-MILE SUPPOR |
| (3) FCA_SOUTH_COBB/BUCKHEAD | | | |
| 375 DEVEREAUX CT KENNESAW, GA 30144 | 44-0610626 | 7,000 | ADOPT-A-MILE SUPPOR |
| (4) THE CENTER FOR THE VISUALLY IMPAIRED | | | |
| 739 WEST PEACHTREE STREET NW | 58-1168874 | 6,950 | ADOPT-A-MILE SUPPOR |
| (5) MILES FOR CYSTIC FIBROSIS | _ | | |
| 4055 VICKSBURG DR LAWRENCEVILLE, GA 30044 | 26-4020016 | 6,750 | ADOPT-A-MILE SUPPOR |
| (6) CENTER FOR PUPPETRY ARTS | | | |
| 1404 SPRING STREET NORTHWEST | 58-1275610 | 6,750 | ADOPT-A-MILE SUPPOR |
| (7) KATE'S CLUB | | | |
| 1330 WEST PEACHTREE STREET NW, SUITE 520 | 16-1646487 | 6,750 | ADOPT-A-MILE SUPPOR |
| (8) ROCKDALE SPECIAL OLYMPICS | | | |
| 310 CAMBRIDGE WAY COVINGTON, GA 30016 | 23-7201676 | 6,750 | ADOPT-A-MILE SUPPOR |
| (9) HISTORIC OAKLAND FOUNDATION | | | |
| 248 OAKLAND AVENUE SOUTHEAST | 58-1276032 | 6,725 | ADOPT-A-MILE SUPPOR |
| (10) GEORGIA FON FOR PUBLIC EDUCATION | | | |
| 2053 TWIN TOWERS EAST ATLANTA, GA 30334 | 27-3426544 | 6,600 | ADOPT-A-MILE SUPPOR |
| (11) GIRLS ON THE RUN ATLANTA | | | |
| 5696 PEACHTREE PKWY #A | 59-2568271 | 6,500 | ADOPT-A-MILE SUPPOR |
| (12) CANDLER PARK NEIGHBORHOOD ORG | | | |
| 1414 MCLENDON AVE ATLANTA, GA 30307 | 58-2580663 | 6,500 | ADOPT-A-MILE SUPPOR |

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) (2013)

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No 1545-0047

2013

| Na | ne of the organization | Employer identification number | |
|----|--|--------------------------------|---|
| A. | PLANTA TRACK CLUB, INC. | 58-1367422 | |
| Р | art 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 | r assistance, and | _ |
| | the selection criteria used to award the grants or assistance? | . X Yes | N |
| 2 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | | |

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV appraisal other) (a) Name and address of organization or government (d) Amount of cash grant (e) Amount of non cash assistance (g) Description of non-cash assistance (b) EIN (h) Purpose of grant or assistance _(1) GIRL SCOUTS OF GREATER ATLANTA 5601 NORTH ALLEN ROAD MABLETON, GA 30126 13-1624016 6,000 ADOPT-A-MILE SUPPORT (2) PIEDMONT PARK CONSERVANCY

PO BOX 7795 ATLANTA, GA 30357 6,000 ADOPT-A-MILE SUPPORT (3) KENNESAW PARKS & RECS 2655 COBB PARKWAY, SUITE 108 27-2685067 5,525 ADOPT-A-MILE SUPPORT

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

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) (2013)

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Schedule I (Form 990) (2013)

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

| (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 PRIZE MONEY | 52 | 72,600 | | | |
| 2 TRAVEL EXPENSES | 59 | | 20,650 | COST | TRAVEL EXPENSES |
| 3 TRAVEL EXPENSES | 59 | 7,218 | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

PART I, LINE 2-MONITORING PROCEDURES FOR USE OF GRANT FUNDS IN US

"ADOPT-A-MILE SUPPORT" - ELIGIBLE NON-PROFIT ORGANIZATIONS SUBMIT AN

APPLICATION THAT REQUIRES THEM TO STATE THEIR MISSION, THE USE OF FUNDS

IF AWARDED, PROVIDE THEIR 501(C)(3) TAX-EXEMPT DETERMINATION LETTER AND

LIST CURRENT BOARD OF DIRECTORS. ATC STAFF REVIEWS FOR COMPLETENESS AND

AWARDS ARE MADE TO THOSE ELIGIBLE NON-PROFIT ORGANIZATIONS BASED ON THE

APPLICATION AND AGREED COURSE SUPPORT.

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open To Public
Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ATLANTA TRACK CLUB, INC.

Employer identification number

58-1367422

| Par | Types of Property | | | • | y ==- | | | |
|----------|---|-------------------------------|--|--|------------------------|---------------|-------|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash cont | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | X | | 95,420. | COST | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | · | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | - | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | - | | | |
| 18 | Collectibles | | 14. | 148,255. | COST | | | |
| 19 | Food inventory | | 14. | 140,233. | 10031 | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | <u></u> | | | |
| 23 | Scientific specimens | 8 | | | | | | |
| 24 | Archeological artifacts Other ▶ (AIRLINE TICKETS) | X | 1. | 31,000. | FAIR MARK | F.T V | 'AT.U | |
| 25 | Other ►(GIFT BAGS) | | 1. | 1,975. | FAIR MARK | | | |
| 26 | | A | | 1,3,3. | | | 1120 | |
| 27 28 | Other ►() | <u> </u> | | | | | | |
| 29 | Other ►() Number of Forms 8283 received | by the erac | paration during the tay ve | ar for contributions for | 1 | | | |
| 29 | which the organization completed | | | | 29 | | | |
| | which the organization completed i | F0IIII 6265, | Fait IV, Dollee Acknowledg | genient | | | Yes | No |
| 30 a | During the year, did the organization | tion receive | by contribution any prope | erty reported in Part I, line | s 1-28, that | | 1 - 1 | |
| | it must hold for at least three year | | | | | | | |
| | used for exempt purposes for the e | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement | | | | | | | |
| 31 | Does the organization have a | | tance policy that require | es the review of any r | non-standard | | | |
| | contributions? | | | | | 31 | | Х |
| 32 a | Does the organization hire or use | e third parti | es or related organization | ns to solicit, process, or s | sell noncash | | | |
| | contributions? | | - | | | 32a | | Х |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report a | n amount in | column (c) for a type of pro | perty for which column (a |) is checked, | | | |
| | describe in Part II | | | | · | | | |

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

Schedule M (Form 990) (2013)

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COL (B)-REPORTING FOR COLUMN (B)

PART I, COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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

Open to Public Inspection

Name of the organization

ATLANTA TRACK CLUB, INC.

Employer Identification number 58-1367422

FORM 990, PART VI, SECTION A, LINE 6

MEMBERSHIP DUES ARE PAID ON AN ANNUAL BASIS AS FOLLOWS:

INDIVIDUAL MEMBERSHIP AT \$ 35

DUAL MEMBERSHIP AT \$ 50

FAMILY MEMBERSHIP AT \$ 60

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

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ATC. A BALLOT IS MAILED TO ALL MEMBERS WHO ARE ENTITLED TO VOTE FOR A SLATE OF DIRECTORS PROPOSED BY THE NOMINATING COMMITTEE ON BEHALF OF THE BOARD. INDIVIDUAL MEMBERS ARE ALLOWED ONE VOTE, DUAL AND FAMILY MEMBERS ARE ALLOWED TWO VOTES. MEMBERS MUST APPROVE THE DECISIONS OF THE BOARD REGARDING CHANGES IN BY-LAWS.

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

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

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

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

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

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

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

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

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

Employer identification number 58-1367422

WHENEVER A CONFLICT ARISES. THE GOVERNANCE COMMITTEE SERVES AS THE REVIEW COMMITTEE TO DETERMINE WHETHER CONFLICTS EXIST WITH RESPECT TO THE BOARD MEMBERS AND COMMITTEE MEMBERS. THE EXECUTIVE DIRECTOR SERVES AS THE REVIEWER FOR THE EMPLOYEES. IF A CONFLICT ARISES, IT'S EXAMINED PROMPTLY AND SAID PERSON WILL BE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION WHERE THE CONFLICT EXISTS.

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

COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE SERVING AS THE

COMPENSATION COMMITTEE. NO MEMBERS OF THIS COMMITTEE HAVE A CONFLICT OF

INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE. DATA WAS

USED AS COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN

FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. A

DETAILED POLICY FOR THE EXECUTIVE DIRECTOR'S COMPENSATION REVIEW HAS BEEN

ADOPTED AND APPROVED.

FORM 990, PART VI, SECTION B, LINE 19

INFORMATION IS AVAILABLE UPON REQUEST.

| Α | TTA | CHME | CNT | 1 |
|---|-----|------|-----|---|
| | | | | |

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

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| THE ICEBOX LLC 700 LAKE AVE NE ATLANTA, GA 30307 | T-SHIRT SUPPLIER | 511,603. |
| ATS GRAPHICS PO BOX 1270 KENNESAW, GA 30156 | T-SHIRT SUPPLIER | 264,954. |
| EVENT MARKETING AND MANAGEMENT INT'L | EVENT TIMING | 215,405. |

Schedule O (Form 990 or 990-EZ) 2013 Page 2 Name of the organization Employer identification number ATLANTA TRACK CLUB, INC. 58-1367422 ATTACHMENT 1 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION 1013 MONTANA ST ORLANDO, FL 32803 NEW SOUTH PUBLISHING PRINTER/PUBLISHER 134,945. 450 NORTHRIDGE PARKWAY, SUITE 202 ATLANTA, GA 30350 ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) RELATED OR TOTAL UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST INCOME 27,073. 27,073. 27,073. 27,073. TOTALS ATTACHMENT 3 FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD GROSS SALES LESS RETURNS AND ALLOWANCES 164,664. PURCHASES 71,712. OTHER COSTS 71,712.

Schedule O (Form 990 or 990-EZ) 2013

71,712.

COST OF GOODS SOLD

| Name of the organization | | | Employer identifica | |
|---|--------------------------|--------------------------------|--|--------------------------|
| ATLANTA TRACK CLUB, INC. | | | 58-136/4 | 122 |
| CODM COO DADE TV OFFIED TARBUSES | | | ATTACHMENT 4 | (CONT'D) |
| FORM 990, PART IX - OTHER EXPENSES | | | | |
| DESCRIPTION | (A) TOTAL EXPENSES | (B) PROGRAM SERVICE EXP. | | (D) FUNDRAISING EXPENSES |
| ALL OTHER EXPENSES | 151,219. | 106,445. | 22,437. | 22,337. |
| SIGNAGE | 118,628. | 118,628. | | |
| RACE SUPPLIES | 117,041. | 117,041. | | |
| CLINIC | 87,043. | 87,043. | | |
| LICENSE AND DUES | 75,464. | 75,464. | | |
| VOLUNTEER EXP | 74,265. | 74,265. | | |
| TOTALS | | 578,886. | 22,437. | 22,337. |
| TOTALS | 623,660. | _ | | |
| FORM 990, PART X - PREPAID EXPENSES AND | | <u>A</u> | TTACHMENT 5 | |
| FORM 990, PART X - PREPAID EXPENSES AND | | <u>A</u> | TTACHMENT 5 ENDING | |
| FORM 990, PART X - PREPAID EXPENSES AND DESCRIPTION | | <u>A</u> | TTACHMENT 5 ENDING BOOK VALUE | <u> </u> |
| FORM 990, PART X - PREPAID EXPENSES AND | | <u>A</u> | TTACHMENT 5 ENDING BOOK VALUE | E645. |
| FORM 990, PART X - PREPAID EXPENSES AND DESCRIPTION PREPAID EXPENSES | | <u>A</u> | TTACHMENT 5 ENDING BOOK VALUE | E645. |
| FORM 990, PART X - PREPAID EXPENSES AND DESCRIPTION PREPAID EXPENSES | | <u>A</u> | TTACHMENT 5 ENDING BOOK VALUE | E645. |
| FORM 990, PART X - PREPAID EXPENSES AND DESCRIPTION PREPAID EXPENSES TOTALS | | <u>A</u> | ENDING BOOK VALUE 72, | E645. |
| FORM 990, PART X - PREPAID EXPENSES AND DESCRIPTION PREPAID EXPENSES TOTALS | | <u>A</u> | ENDING BOOK VALUE | 645. 645. |
| FORM 990, PART X - PREPAID EXPENSES AND DESCRIPTION PREPAID EXPENSES TOTALS FORM 990, PART X - DEFERRED REVENUE | | <u>A</u> | ENDING BOOK VALUE 72, 72, ATTACHMENT 6 | 645. 645. |

| Name of the organization | Employer identification number |
|---|--------------------------------|
| ATLANTA TRACK CLUB, INC. | 58-1367422 |
| FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE | ATTACHMENT 7 |
| LENDER: TOSHIBA BUSINESS SOLUTIONS ORIGINAL AMOUNT: 19,779. | |
| BEGINNING BALANCE DUE | 10,242. 5,829. |
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | 10,242. |
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | 5,829. |

RENT AND ROYALTY SUMMARY

| PROPERTY | TOTAL INCOME | DEPLETION/ DEPRECIATION_ | OTHER EXPENSES | ALLOWABLE NET <u>INCOME</u> |
|-----------|-----------------|-----------------------------|-------------------|-----------------------------------|
| EQUIPMENT | 4,545. | | 4,545. | |
| TOTALS | 4,545. | | 4,545. | |

(Rev January 2014)

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.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

| | filing for an Automatic 3-Month Extension, o | | | | ▶ X | | |
|--|--|--|---|--|--|--|--|
| • If you are | filing for an Additional (Not Automatic) 3-Mo | onth Exten | sion, complete only Pa | rt II (on page 2 of this form) | | | |
| Do not comp | lete Part II unless you have already been grai | nted an aut | tomatic 3-month extens | ion on a previously filed Form | 8868 | | |
| a corporation 8868 to req Return for 1 instructions) Part I Aut | ing (e-file). You can electronically file Form in required to file Form 990-T), or an addition uest an extension of time to file any of the transfers Associated With Certain Personal For more details on the electronic filing of the comatic 3-Month Extension of Time. On | nal (not aut forms liste I Benefit (nis form, vis nly submit | tomatic) 3-month extensed in Part I or Part II wi Contracts, which must sit www.irs.gov/efile.and original (no copies ne | sion of time. You can electror the the exception of Form 887 be sent to the IRS in paped click on e-file for Charities & reded). | nically file Form 70, Information er format (see | | |
| ·= | required to file Form 990-T and requesting | | | | . \Box | | |
| Part I only . | | | | <u></u> . , , | لساح زر | | |
| | porations (including 1120-C filers), partnersh | ips, REMIC | s, and trusts must use F | | | | |
| to file income | e tax returns | | · · · · · · · · · · · · · · · · · · · | Enter filer's identifying number | | | |
| Type or print | Name of exempt organization or other filer, see in ATLANTA TRACK CLUB, INC. | structions | | Employer identification number (E | :IN) or | | |
| File by the due date for | Number, street, and room or suite no. If a P.O. box | x, see instruc | ctions | Social security number (SSN) | | | |
| filing your | 3097 EAST SHADOWLAWN AVENUE | | | | | | |
| return See instructions | City, town or post office, state, and ZIP code For | a foreign ad | dress, see instructions | | | | |
| matractions | ATLANTA, GA 30305-2403 | | | | | | |
| Enter the Re | turn code for the return that this application | is for (file a | a separate application fo | r each return) | 01 | | |
| Application | | Return | Application | | Return | | |
| Is For | | Code | is For | | Code | | |
| Form 990 or | Form 990-EZ | 01 | Form 990-T (corporati | on) | 07 | | |
| Form 990-BL | | 02 | Form 1041-A | | | | |
| Form 4720 (| ındıvıdual) | 03 | Form 4720 (other that | n individual) | 09 | | |
| Form 990-PF | | 04 | Form 5227 | | 10 | | |
| | (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | | |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | 12 | | |
| Telephone If the orga If this is for the whole a list with the until for the X I Telephone | So are in the care of CHRIS DIERKES No 404 231-9064 Inization does not have an office or place of the | ousiness in ur digit Gro f it is for pa ion is for poration re exempt org | oup Exemption Number (out of the group, check to equired to file Form 990 ganization return for the, and ending | GEN) his box ▶ and -T) extension of time organization named above T | If this is diattach he extension is | | |
| Пс | Change in accounting period | | | | | | |
| | 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | | |
| | indable credits. See instructions application is for Form 990-PF, 990-T, | 4720 or | 6069 enter any re | fundable credits and | 0 | | |
| | ed tax payments made Include any prior yea | | | | 0 | | |
| c Ralance | e due. Subtract line 3b from line 3a Include | vour paym | ent with this form if red | guired, by using EFTPS | | | |
| | onic Federal Tax Payment System) See instru | | | 3c \$ | 0 | | |
| | are going to make an electronic funds withdrawal | | it) with this Form 8868. se | | | | |
| instructions | and going to make an electronic fords withdrawa | ,= | , | | | | |
| | ct and Paperwork Reduction Act Notice, see instr | uctions. | | Form 8 | 868 (Rev 1-2014) | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.