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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
TRACK SHACK FOUNDATION

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
1013 MONTANA ST

City or town, state or province, country, and ZIP or foreign postal code  
ORLANDO, FL 32803

**D** Employer identification number  
59-3306035

**E** Telephone number  
(407) 896-1160

**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: [WWW.TRACKSHACK.COM/FOUNDATION](http://WWW.TRACKSHACK.COM/FOUNDATION)

**J** Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ☒ \$ 119,590

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	118,293
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	24
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,273
	c	Less direct expenses from gaming and fundraising events	6c	1,223
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	50
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	118,367
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	107,846
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,000
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	4,667
	17	Total expenses. Add lines 10 through 16	17	116,513
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,854
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,450
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	38,304

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . .	32,606	22	13,362
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	3,844	24	24,942
25 Total assets . . . . .	36,450	25	38,304
26 Total liabilities (describe in Schedule O) . . . . .	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	36,450	27	38,304

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
TO PROMOTE AND ENCOURAGE HEALTH AND FITNESS IN OUR COMMUNITY WITH AN EMPHASIS ON YOUTH PROGRAMS

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

28 THE FOUNDATION WAS ESTABLISHED IN 1994 FOR THE PURPOSE OF PROMOTING AND ENCOURAGING HEALTH AND FITNESS WITH AN EMPHASIS ON YOUTH PROGRAMS THROUGHOUT THE GREATER CENTRAL FLORIDA COMMUNITY INCLUDING ORANGE, OSCEOLA, LAKE, SEMINOLE, BREVARD, AND VOLUSIA COUNTIES. TO DATE SINCE ITS INCEPTION, THE FOUNDATION HAS CONTRIBUTED OVER TWO MILLION DOLLARS TO COMMUNITY PROGRAMS. WE CURRENTLY RECEIVE THE MAJORITY OF OUR CONTRIBUTIONS FROM TRACK SHACK FITNESS CLUB, A SEPARATE 501(C)3 ORGANIZATION, WHICH RAISES FUNDS FROM LOCAL RACE EVENTS THEY PRODUCE. WE ALSO RECEIVE CONTRIBUTIONS FROM OTHER ORGANIZATIONS AND INDIVIDUALS OUTSIDE OF THE RACE EVENTS. CONTRIBUTIONS ARE USED TO PROVIDE GRANTS TO SCHOOL-BASED YOUTH ATHLETIC PROGRAMS, CHARITABLE YOUTH RUNNING AND SPORTS ORGANIZATIONS AND OTHER WORTHY CHARITABLE ORGANIZATIONS. IT IS OUR FEELING THAT SPORTS AND ORGANIZED ATHLETIC PROGRAMS OFFER CHILDREN STRUCTURE AND GOALS, WHICH ARE VITAL TO MENTAL AND PHYSICAL DEVELOPMENT. UNFORTUNATELY, MANY SCHOOLS AND CHARITABLE ORGANIZATIONS HAVE TO CUT BACK OR EVEN ELIMINATE SPORTS/ATHLETIC PROGRAMS DUE TO LACK OF FUNDING. IT IS OUR INTENTION THAT THROUGH THE FINANCIAL SUPPORT OF YOUTH ATHLETIC PROGRAMS, CHILDREN WILL BUILD SELF-ESTEEM AND CONFIDENCE, FOSTER HEALTHY AND WHOLESOME HABITS, AND DEVELOP LEADERSHIP AND COOPERATION SKILLS.  
(Grants \$ 107,846) If this amount includes foreign grants, check here

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

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

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

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

Expenses

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

28a

107,846

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

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

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> STEVE LAPIERRE Telephone no <input type="checkbox"/> (407) 896-1160 Located at <input type="checkbox"/> 1013 MONTANA ST ORLANDO, FL ZIP + 4 <input type="checkbox"/> 32803		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> ? Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b>		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .	44b	No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No

Part VI

Section 501(c)(3) organizations only

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

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

		Yes	No
47	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 . . . . .		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		No
49b	If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f	Total number of other employees paid over \$100,000 . . . . .	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000. . . . .	▶	
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52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2014-11-14 Date	
	MELANIE FERNANDEZ TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANNE MCHUGH CPA		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01066774
	Firm's name ▶ CROSS FERNANDEZ AND RILEY LLP				Firm's EIN ▶ 59-3651466
	Firm's address ▶ 201 S ORANGE AVENUE SUITE 800 ORLANDO, FL 32803				Phone no (407) 841-6930

May the IRS discuss this return with the preparer shown above? See instructions . . . . .	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Data

Software ID:  
Software Version:  
EIN: 59-3306035  
Name: TRACK SHACK FOUNDATION

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN CALPEY DIRECTOR	1 00	0	0	0
JOAN CARROLL DIRECTOR	1 00	0	0	0
ADAM FENICHEL DIRECTOR	1 00	0	0	0
MELANIE FERNANDEZ TREASURER	1 00	0	0	0
CHARLINE GAUTHIER DIRECTOR	1 00	0	0	0
SUSAN GODOROV PRESIDENT	1 00	0	0	0
SCOTT MILLSON DIRECTOR	1 00	0	0	0
JOEL REMIGIO DIRECTOR	1 00	0	0	0
DAN TRAVER DIRECTOR	1 00	0	0	0
CARL WILHELM VICE PRESIDENT	1 00	0	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization TRACK SHACK FOUNDATION	Employer identification number 59-3306035
----------------------------------------------------	----------------------------------------------

Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 <sup>1</sup> / <sub>3</sub> % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 <sup>1</sup> / <sub>3</sub> % 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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶



Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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.")	187,670	88,056	120,391	110,835	118,293	625,245
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	729,485					729,485
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	917,155	88,056	120,391	110,835	118,293	1,354,730
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6 )						1,354,730

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	917,155	88,056	120,391	110,835	118,293	1,354,730
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	589	141	96	40	24	890
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	589	141	96	40	24	890
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	917,744	88,197	120,487	110,875	118,317	1,355,620
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.930 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.930 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.070 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.070 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
TRACK SHACK FOUNDATION

Employer identification number  
59-3306035

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 24
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ALTAMONTE ELEMENTARY CROSS COUNTRY AMOUNT GIVEN 600
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME AMERICAN HEART ASSOCIATION AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME APOPKA FAMILY LEARNING CENTER AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BEAR LAKE ELEMENTARY AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BEAR LAKE RUNNING CLUB AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BLANKNER ELEMENTARY AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BOONE HIGH SCHOOL AMOUNT GIVEN 3,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BROOKSHIRE ELEMENTARY AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CENTRAL AVENUE ELEMENTARY AMOUNT GIVEN 900
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CENTRAL FLORIDA FCA TRACK CLUB AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CENTRAL FLORIDA GLIDERS TRACK CLUB, INC AMOUNT GIVEN 3,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CENTRAL FLORIDA PAL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME COCOA HIGH SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME COLONIAL HIGH SCHOOL AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME DARRELL ARMSTRONG FOUNDATION AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME DOMMERICH ELEMENTARY PTA AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME EAST ORLANDO TRACK CLUB AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME EASTER SEALS FLORIDA AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME EDGEWATER HIGH SCHOOL AMOUNT GIVEN 6,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ENGLISH ESTATES ELEMENTARY AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FAST START MANAGEMENT, INC AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FIRST CONGREGATIONAL CHURCH WINTER PARK AMOUNT GIVEN 1,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FLORIDA HOSPITAL FOUNDATION FOR CHILDREN AMOUNT GIVEN 2,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FOREST LAKE ACADEMY VARSITY SPORTS AMOUNT GIVEN 850
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FOUNDATION FOR FOSTER CHILDREN AMOUNT GIVEN 7,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FREEDOM HIGH SCHOOL AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FRIENDS OF CHILDREN AND FAMILIES, INC AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME GALILEO SCHOOL FOR GIFTED LEARNING AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME GATEWAY HIGH SCHOOL AMOUNT GIVEN 1,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME GETABOARD FOUNDATION AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME GLENRIDGE MIDDLE SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME GOLDSBORO ELEMENTARY MAGNET SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME GREAT EXPECTATIONS FOR MY SUCCESS, INC AMOUNT GIVEN 520
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HAMILTON ELEMENTARY AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME JONES HIGH SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME KEETH ELEMENTARY AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME LAKE BRANTLEY HIGH SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME LAKE COMO ELEMENTARY AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME LAKE HOWELL HS NJROTC AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LAKE NONA HS AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LAKEMONT ELEMENTARY SCHOOL AMOUNT GIVEN 1,620
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LAKEVILLE ELEMENTARY AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LAWTON CHILES MIDDLE SCHOOL AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LIBERTY HIGH SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LIBERTY MIDDLE SCHOOL AMOUNT GIVEN 1,665
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LIFE CONCEPTS, INC AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LOCKHART MIDDLE SCHOOL AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LOVE ASSIST NURTURE EDUC SUPPRT TEENGIRLS AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LOVELL ELEMENTARY SCHOOL AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LY MAN HIGH SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME LY MAN ROWING ASSOCIATION AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME MAYNARD EVANS HIGH SCHOOL AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME MILWEE MIDDLE SCHOOL AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME MONARCH LEARNING ACADEMY AMOUNT GIVEN 1,616
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME NARCOOSSEE ELEMENTARY SCHOOL AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME OAK RIDGE HIGH SCHOOL AMOUNT GIVEN 600
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME ORLANDO AFTER SCHOOLS ALL STARS AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME ORLANDO BALLET, INC AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME ORLANDO ROWING ASSOC AMOUNT GIVEN 2,000

990 Schedule O, Supplemental Information

Return Reference	Explanation	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME ORLANDO RUGBY GRIFFINS FOUNDATION AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME OVIEDO HIGH SCHOOL AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME PALM LAKE ELEMENTARY SCHOOL AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME PARTIN ELEMENTARY SCHOOL AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME PARTIN SETTLEMENT AMOUNT GIVEN 1,150
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME POINCIANA ACADEMY OF FINE ARTS AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME RAINBOW ELEMENTARY AMOUNT GIVEN 700
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME ROCK LAKE MIDDLE SCHOOL AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME SOUTH ORANGE PATRIOTS ATHLETIC ASSOC AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME SOUTH ORLANDO ROWING ASSOC AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME STAR ATHLETICS AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME SUNRISE ELEMENTARY SCHOOL AMOUNT GIVEN 1,300
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME THE GIFT OF SWIMMING AMOUNT GIVEN 1,875
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME TRINITY BAPTIST CHURCH OF AOPKA AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME UCF FOUNDATION AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME VICTORY CHURCH WORLD OUTREACH CENTER AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME WEKIVA ELEMENTARY SCHOOL AMOUNT GIVEN 1,100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME WINTER PARK CREW AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME WINTER PARK DAY NURSERY AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION	GRANTEE NAME WINTER PARK HIGH SCHOOL AMOUNT GIVEN 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WINTER PARK HIGH SCHOOL FOUNDATION, INC AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WINTER PARK YMCA AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WINTER SPRINGS HIGH SCHOOL AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 107,846
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MISCELLANEOUS AMOUNT 301 DESCRIPTION TAXES & LICENSES AMOUNT 61 DESCRIP PTION OFFICE EXPENSE AMOUNT 283 DESCRIPTION POSTAGE, SHIPPING, DELIVERY AMOUNT 46 DESCRIPTION PRINTING & COPYING AMOUNT 189 DESCRIPTION INSURANCE AMOUNT 716 DESCRIP TION SMILE MILE MEDALS AMOUNT 1,500 DESCRIPTION HONORARIUMS AMOUNT 1,571 TOTAL TO FORM 990-EZ, LINE 16 4,667
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION DUE FROM TRACKSHACK FITNESS CLUB BEG OF YEAR AMOUNT 3,844 END OF YEAR AMOUNT 24,942

## TY 2013 Transfers Personal Benefits Contracts Declaration

**Name:** TRACK SHACK FOUNDATION

**EIN:** 59-3306035

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.