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# 50m 990-EZ

# 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 foundations)

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| A                | For the                 | 2014 calenda                                | ar year, or tax year beginning January 1 , 2014, and  | d ending       | Dec            | ember 31     | , 20 14  |  |  |
|------------------|-------------------------|---|---|----------------|----------------|--------------|--|--|--|
| В                | Check if ap             | ck if applicable C Name of organization D E |   |                |                | loyer identi | fication number                                    |  |  |
|                  | Address c               | hange                                       |   | 63-6           | 101033         |              |  |  |  |
|                  | Name cha                | nge   | Huntsville Track Club  Number and street (or P O box, if mail is not delivered to street address)  Re | oom/suite      | E Tele         | ohone numb   |  |  |  |
| $\vdash$         | Initial retur           |   | PMB #461, 6585 Hwy 431 S #E   |                | (256) 656-3904 |              |  |  |  |
| H                | Final return<br>Amended | n/terminated                                | City or town, state or province, country, and ZIP or foreign postal code                              |                | F Gro          | up Exempt    |  |  |  |
| H                | Application             |   | Hampton Cove, AL 35763  |                | Nur            | nber ▶       |  |  |  |
|                  |                         | ting Method                                 | ✓ Cash Accrual Other (specify) ►  | Н              | Check          | ▶            | e organization is not                              |  |  |
|                  | Vebsite                 | -   |   |                | Schedule B     |              |  |  |  |
| JΤ               | ax-exen                 |   | Z, or 990-PF).  |                |                |              |  |  |  |
|                  |                         | organization                                | eck only one) —   | <u>527</u>     |                |              | <del></del>  |  |  |
|                  |                         |   | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor                      | re, or if tota | assets         |              |  |  |  |
|                  |                         |   | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ  |                |                | <b>▶</b> \$  |  |  |  |
| 9                | art I                   | Revenu                                      | e, Expenses, and Changes in Net Assets or Fund Balances   | (see the       | instru         | ctions fo    | r Part I)  |  |  |
|                  |                         |   | the organization used Schedule O to respond to any question in t                                      | -              |                |              | •  |  |  |
|                  | 1                       |   | ons, gifts, grants, and similar amounts received  |                |                | 1            | 9669.85  |  |  |
|                  | 2                       |   | ervice revenue including government fees and contracts  |                |                | 2            | 145,594.19   |  |  |
| _                | 3                       |   | ip dues and assessments   |                |                | 3            | 12,218.25  |  |  |
| <u>:</u>         | 4                       | Investmen                                   |   |                |                | 4            | 12,210,20  |  |  |
| <b>N</b> 7       | 5a                      |   | ount from sale of assets other than inventory   5a  |                |                | 5460.75      |  |  |  |
| ~                | b                       |   | or other basis and sales expenses   |                |                |              |  |  |  |
| ~                | C                       | Gain or (lo                                 | 5c  | 0              |                |              |  |  |  |
| 200              | 6                       | Gaming ar                                   | 1999  |                |                |              |  |  |  |
|                  | a                       | _   | ome from gaming (attach Schedule G if greater than  |                |                | C.           |  |  |  |
|                  |                         | \$15,000)                                   |   |                |                |              |  |  |  |
| Ula<br>B         | b                       | Gross inco                                  | ome from fundraising events (not including \$ of co   | ontribution    | าร             |              |  |  |  |
| <b>Z</b> ø       |                         |   | aising events reported on line 1) (attach Schedule G if the   |                |                |              |  |  |  |
| <b>SCARINFID</b> |                         | sum of suc                                  |   |                |                |              |  |  |  |
| ပ္က              | c                       | Less: direc                                 | et expenses from gaming and fundraising events 6c   |                |                |              |  |  |  |
| U)               | d                       | Net incom                                   | e or (loss) from gaming and fundraising events (add lines 6a and 6                                    | Sb and su      | btract         |              |  |  |  |
|                  | l                       | line 6c)                                    |   |                |                | 6d           | 0  |  |  |
|                  | 7a                      | Gross sale                                  | s of inventory, less returns and allowances 7a  |                |                | 21.00        |  |  |  |
|                  | Ь                       | Less: cost                                  | of goods sold 13090   |                |                |              |  |  |  |
|                  | С                       | Gross prof                                  | it or (loss) from sales of inventory, Subtract line 7b from line 7a) .                                |                |                | 7c           | 0  |  |  |
|                  | 8                       | Other reve                                  | nue (describé in Schedule 0). 💘   |                |                | 8            | 0  |  |  |
|                  | 9                       | Total reve                                  | nue Add lines 1., 2, 3, 4, 5c, 6d, 7c, and 8  |                | . ▶            | 9            | 167,482.29   |  |  |
|                  | 10                      | Grants and                                  | d similar\amounts paid (list-in Schedule O)   |                |                | 10           | 47,407.00  |  |  |
|                  | 11                      |   |   |                |                | 11           | 0  |  |  |
| ses              | 12                      |   | ther compensation, and employee benefits  |                |                | 12           | 0  |  |  |
|                  | 13                      | Profession                                  | al fees and other payments to independent contractors   |                |                | 13           | 5984.00  |  |  |
| Expen            | . 14                    | Occupano                                    | y, rent, utilities, and maintenance   |                |                | 14           | 5141,41  |  |  |
| ω                | 15                      | Printing, p                                 | ublications, postage, and shipping  |                |                | 15           | 10,797.50  |  |  |
|                  | 16                      | •   | enses (describe in Schedule O)  |                |                | 16           | 15,633.00  |  |  |
|                  | 17                      | Total expe                                  | enses. Add lines 10 through 16  |                | . ▶            | 17           | 84,962.91  |  |  |
| Ŋ                | 18                      | Excess or                                   | deficit) for the year (Subtract line 17 from line 9)  |                |                | 18           | 82,519 38  |  |  |
| set              | 19                      |   | Z.Z.ii  |                |                |              |  |  |  |
| Ą                |                         | -   | ar figure reported on prior year's return)  |                |                | 19           | 415,086.56   |  |  |
| Net Assets       | 20                      |   | , ,   |                |                | 20           | - · <del>- · · · · · · · · · · · · · · · · ·</del> |  |  |
| _                | 121                     |   |   | <u></u>        | <u>. ▶</u>     | 21           | 497,605 94   |  |  |
| Fo               | r Paper                 | work Reduc                                  | tion Act Notice, see the separate instructions. Cat No  | 106421         |                | F            | orm 990-EZ (2014)                                  |  |  |

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f

| ra  | rt II Balance Sheets (see the instructions t  |   |  |  |                |  |
|---|---|---|--|--|----------------|--|
|   | Check if the organization used Schedule   | O to respond to a                       | ny question in this  | Part II                                      |                | <u> </u>                               |
|   |   |   |  | (A) Beginning of year                        |                | (B) End of year                        |
| 22  | Cash, savings, and investments  |   |  | 415,086.56                                   |                | 497,605.94                             |
| 23  | Land and buildings  |   |  |  | 23             |  |
| 24  | Other assets (describe in Schedule O)   |   |  |  | 24             |  |
| 25  | Total assets  |   |  | 415,086.56                                   | <del></del>    | 497,605 94                             |
| 26  | Total liabilities (describe in Schedule O)  |   | [  |  | 26             |  |
| 27  | Net assets or fund balances (line 27 of column  |   |  | 415,086.56                                   | 27             | 497,605.94                             |
| Par   | Statement of Program Service Accom  | •                                       |  | ,  | .              | F                                      |
|   | Check if the organization used Schedule   | O to respond to a                       | ny question in this  | Part III L                                   | ]<br>  (Rec    | Expenses<br>juired for section         |
| Wha   | t is the organization's primary exempt purpose?   |   |  |  | 501(           | c)(3) and 501(c)(4)                    |
| as n  | cribe the organization's program service accompli-<br>neasured by expenses. In a clear and concise months of the concise of the concise of the constant of the co | anner, describe the                     | f its three largest pe services provided                         | orogram services,<br>d, the number of        | orga<br>othe   | nizations, optional for                |
| 28  | Scholarship Fund-the HTC gives a scholarship to ou  | tstanding high schoo                    | l graduates who are  | members of the                               |                |  |
|   | club and who are enrolled in a college of their choice  | and intend to pursu                     | e running on an inte   | rcollegiate                                  |                |  |
|   | level. This year 4 students received scholarships.  |   |  |  |                |  |
|   | (Grants \$ 4500.00) If this amount  |   |  | <u> ▶ □</u>                                  | 28a            | 4500.00                                |
| 29  |   |   |  |  |                |  |
|   | part by donating funds from one race a year to the lo   |   | ross country team.   | This team works                              | ł              |  |
|   | on helping put on the race. We support their cross c  |   | ·  |  |                |  |
|   |   | includes foreign gra                    |  | <u> ▶ ⊔</u>                                  | 29a            | 847.46                                 |
| 30  | The HTC donates to charities that support health and  |   |  |  |                |  |
|   | of Huntsville; Red, White, Blue; Still Serving Veteran  |   |  |  |                |  |
|   | Therapy Partners; Day Spring Center; Boy Scouts; H  |   |  |  |                |  |
| 04  |   | includes foreign gra                    |  |  | 30a            | 41,559.54                              |
| 31  | Other program services (describe in Schedule O)   |   |  |  |                |  |
| 22  | (Grants \$ ) If this amount  Total program service expenses (add lines 28a  | includes foreign gra                    |  |  | 31a            |  |
| _   | t IV List of Officers, Directors, Trustees, and Key   |   |  |  | 32             | 47,407.00                              |
| ı aı  | Check if the organization used Schedule   |   |  |  |                | , ···                                  |
| -   | Oncok ii the organization acca concadio   |   | (c) Reportable   | (d) Health benefits.                         |                | <u></u>                                |
|   | (a) Name and title  | (b) Average                             |  | (u) Health Delicino,                         |                |  |
| Erio  |   | hours per week<br>devoted to position   | compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> | Estimated amount of other compensation |
| EIIC  | Fritz   |   | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
|   | Fritz<br>ident  |   | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres  |   | devoted to position                     | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres<br>Alex  | ident   | devoted to position                     | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres<br>Alex<br>Vice  | ident<br>Clark  | devoted to position  10-15  5           | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres<br>Alex<br>Vice<br>Kare<br>Vice                                  | ident<br>Clark<br>- President-Equiptment<br>en Gelmis<br>-President-Programs  | devoted to position                     | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres<br>Alex<br>Vice<br>Kare<br>Vice<br>Rege                          | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore  | devoted to position  10-15  5           | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr                                    | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary  | devoted to position  10-15  5           | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath                               | ident Clark - President-Equiptment - Resident-Equiptment - President-Programs - Resident-Programs - Reside    | devoted to position  10-15  5  5        | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath                               | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary by Youngren surer  | devoted to position  10-15  5           | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza                     | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary by Youngren surer enne Taylor  | devoted to position  10-15  5  5        | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza                     | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director  | devoted to position  10-15  5  5        | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe                | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor binted MemberCotton Row Race Director Taylor   | devoted to position  10-15  5  5  10    | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appo Dink Appo      | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore retary ey Youngren surer enne Taylor pinted MemberCotton Row Race Director Taylor pinted Member-Rocket City Marathon   | devoted to position  10-15  5  5        | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director Taylor ointed Member-Rocket City Marathon  | devoted to position  10-15  5  5  10  5 | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore retary ey Youngren surer enne Taylor pinted MemberCotton Row Race Director Taylor pinted Member-Rocket City Marathon   | devoted to position  10-15  5  5  10    | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director Taylor ointed Member-Rocket City Marathon  | devoted to position  10-15  5  5  10  5 | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director Taylor ointed Member-Rocket City Marathon  | devoted to position  10-15  5  5  10  5 | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director Taylor ointed Member-Rocket City Marathon  | devoted to position  10-15  5  5  10  5 | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director Taylor ointed Member-Rocket City Marathon  | devoted to position  10-15  5  5  10  5 | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director Taylor ointed Member-Rocket City Marathon  | devoted to position  10-15  5  5  10  5 | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |
| Pres Alex Vice Kare Vice Rege Secr Kath Trea Suza Appe Dink Appe Haro | ident Clark - President-Equiptment en Gelmis -President-Programs ena Moore etary ey Youngren surer enne Taylor ointed MemberCotton Row Race Director Taylor ointed Member-Rocket City Marathon  | devoted to position  10-15  5  5  10  5 | (Forms W-2/1099-MISC   | contributions to emplo<br>benefit plans, and | yee <b>(e)</b> |  |

| Part            |  |                |                        |                  |
|-----------------|--|----------------|------------------------|------------------|
|                 | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  | Part           |                        |                  |
| 33              | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a  |                | Yes                    | No               |
| 55              | detailed description of each activity in Schedule O  | 33             |                        | 1                |
| 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             | _                      | <b>\</b>         |
| 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)? |                |                        | ,                |
| b               | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35a<br>35b     |                        | ✓_               |
| C               | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,  | 330            |                        |                  |
| Ū               | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c            |                        | 1                |
| 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             | stan Lilve             | A finalism       |
| 37a             | Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  27a  | 37b            | 10.73                  |                  |
| ь<br>38а        | Did the organization file <b>Form 1120-POL</b> for this year?  | 370            |                        | <b>V</b>         |
|                 | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .   | 38a            | 11.05.20               | <i>-</i>         |
| b               | If "Yes," complete Schedule L, Part II and enter the total amount involved   | 12             |                        |                  |
| 39              | Section 501(c)(7) organizations. Enter:  |                | land<br>T              |                  |
| a               | Initiation fees and capital contributions included on line 9   |                |                        |                  |
| b<br>40a        | Gross receipts, included on line 9, for public use of club facilities  |                | 244                    | Table 1          |
| <del>7</del> 0a | section 4911 ► ; section 4912 ► ; section 4955 ►   | 1              |                        |                  |
| b               | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958  |                | ı                      |                  |
|                 | 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            | 8 2,000, 1 <b>9</b> 8, | ्र्यूक्ट्रे भारे |
| С               | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,        | 253.6<br>149.5 |                        |                  |
|                 | 4955, and 4958   | 14 14 14       |                        |                  |
| d               | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  |                | ő                      |                  |
|                 | 40c reimbursed by the organization   |                |                        | it.              |
| е               | 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                             | 100            |                        |                  |
| 41              | List the states with which a copy of this return is filed >  | 40e            | L                      |                  |
| 42a             |  | 256-56         | 5-292                  | 6                |
|                 | Located at ► 3040 Augusta Trace, Owens Cross Roads, AL ZIP + 4 ►   | 35             | 763                    |                  |
| b               | At any time during the calendar year, did the organization have an interest in or a signature or other authority over  |                | Yes                    | No               |
|                 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b            | مائدى عالى             | <b>√</b>         |
|                 | If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and                      |                |                        | <b>.</b>         |
|                 | Financial Accounts (FBAR).   |                |                        |                  |
| С               | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c            |                        | <b>√</b>         |
| 43              | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  |                | . 1                    |                  |
|                 | and enter the amount of tax-exempt interest received or accrued during the tax year  |                |                        |                  |
| 44-             | Did the average time acceptance and dense advised fixeds divided the Man " Faver 000 miles he  | R S.J          | 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            |                        | <b>✓</b>         |
| b               | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b            | Ø.K                    | 1                |
| C               | Did the organization receive any payments for indoor tanning services during the year?   | 44c            | 1322.3                 | <b>√</b>         |
| d               | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |                | <u> </u>               | 1                |
| 45a             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 44d<br>45a     | <del> </del>           | 1                |
| b               | Did the organization receive any payment from or engage in any transaction with a controlled entity within the   | 704            | 135,18                 | , r yt           |
| -               | 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            |                        | 4                |

|        | D:44  |  |  |                                |        | L . L . 18 . 8                       |             | I          | Ye:                       | s No   |
|--------|---|--|--|--------------------------------|--------|--------------------------------------|-------------|------------|---------------------------|--|
| 46     | to cal  | ne organization engage, directly or ir<br>ndidates for public office? If "Yes," o                    | idirectiy, in political c<br>complete Schedule C | ampaign activities<br>. Part I | on     | benait of or                         | ın opposi   | tion       | 46                        |  |
| Part \ |   | Section 501(c)(3) organizations  |  |                                |        |                                      |             |            | 40                        |  |
|        |   | All section 501(c)(3) organization   | s must answer que                                | stions 47-49b a                | nd 5   | 2, and con                           | nplete th   | e tab      | les for li                | nes  |
|        |   | 50 and 51.   |  |                                |        |                                      |             |            |                           |  |
|        |   | Check if the organization used Sch   | nedule O to respond                              | to any question                | in th  | is Part VI                           | · · ·       | • •        | Ye                        | <u>.                                     </u>  |
| 47     | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax |  |  |                                |        |                                      |             |            |                           | s No   |
|        |   | If "Yes," complete Schedule C, Parl  |  |                                |        |                                      |             |            | 47                        | 1  |
| 48     | Is the  | organization a school as described in  | n section 170(b)(1)(A)(ı                         | )? If "Yes," comple            | ete S  | chedule E                            |             | .          | 48                        | <del>  `-`-</del>                              |
| 49a    |   | ne organization make any transfers to  | •  | anız                           | ation? |                                      | . [         | 49a        | <b>/</b>                  |  |
| b      |   | If "Yes," was the related organization a section 527 organization?                                   |  |                                |        |                                      |             |            |                           |  |
| 50     |   | plete this table for the organization's<br>oyees) who each received more than                        |  |                                |        |                                      |             |            |                           |  |
|        | Cripi   | byees) who each received more than   |  | 1                              | gan    | (d) Health b                         |             | e, em      | ei None                   | <u>.                                      </u> |
|        | (a)   | Name and title of each employee  | (b) Average<br>hours per week                    | (c) Reportable compensation    |        | contributions to<br>benefit plans, a |             |            | stimated am<br>er compens |  |
|        |   |  | devoted to position                              | (Forms W-2/1099-MI             | SC)    | compens                              |             | Out        | er compens                | auon   |
|        |   |  | <del></del>                                      |                                |        |                                      |             |            |                           |  |
|        | _   |  | -  |                                |        |                                      |             |            |                           |  |
|        |   | ·  |  |                                |        |                                      |             |            |                           |  |
|        |   |  | <del> </del>                                     |                                |        |                                      | -           |            |                           | _  |
|        |   |  |  |                                |        |                                      |             |            |                           |  |
|        |   |  |  |                                |        |                                      |             |            |                           | _  |
|        |   |  |  |                                |        |                                      | ,           |            |                           |  |
|        |   |  |  |                                |        |                                      |             |            |                           |  |
|        | <del>-</del>  |  |  |                                |        |                                      |             |            |                           |  |
| 51     |   | number of other employees paid over plete this table for the organization'                           |  |                                | ent    | contractors                          | who each    | rocc       | wed mo                    | ra than  |
| 31     |   | ,000 of compensation from the orga   |  |                                | CITE   | contractors                          | WIIO Eaci   | . 1000     | ived ino                  | e triari                                       |
|        | (a)   | Name and business address of each independ   | ent contractor                                   | (b) Type of                    | servi  | ce                                   | (c)         | Comp       | ensation                  |  |
|        | ·   |  |  | (-) //                         |        |                                      |             | ,          |                           |  |
|        |   |  |  | -                              |        |                                      |             |            |                           |  |
|        | <u></u> -   |  |  |                                |        |                                      |             |            |                           |  |
|        |   |  |  |                                |        |                                      |             |            |                           |  |
|        |   |  |  |                                |        |                                      |             |            |                           |  |
|        |   |  |  |                                |        |                                      |             |            |                           |  |
|        |   |  |  | _                              |        |                                      |             |            |                           |  |
|        |   |  |  | ,                              |        |                                      |             |            |                           |  |
|        |   |  |  | 1                              |        |                                      |             |            |                           |  |
| d      | Total   | number of other independent contra   | ctors each receiving                             | over \$100.000 .               | .)     | <u> </u>                             |             |            |                           |  |
| 52     |   | the organization complete Schedu   |  |                                |        |                                      | ıst attacl  | n a        |                           | •  |
|        | comp  | pleted Schedule A  |  | · · · · · · ·                  |        |                                      | <u> </u>    | .▶✓        | Yes                       | No   |
|        |   | of perjury, I declare that I have examined this r<br>id complete Declaration of preparer (other than |  |                                |        |                                      |             | nowled     | ge and belie              | ef, it is                                      |
|        | rect, an  | Cold to the trial  | onicer) is based on all line                     |                                | 16111  | as any knowled                       | <del></del> |            |                           | _  |
| Sign   |   | Signedura of thicer  |  |                                |        | Date                                 | <u></u>     | 10         |                           |  |
| Here   |   | Kathy Youngres, Treasurer  |  |                                |        |                                      | 5/12        | 120        | 215                       |  |
|        |   | Type or print name and title   |  |                                |        |                                      |             |            |                           |  |
| Paid   |   | Print/Type preparer's name   | Preparer's signature                             |                                | Dat    | е                                    | Check _     | ıf F       | PTIN                      |  |
| Prepa  | arer  |  | 1  | <u> </u>                       | L_     | 1 .                                  | self-emplo  | yed        |                           |  |
| Use (  |   | Firm's name  |  | <u> </u>                       |        |                                      | s EIN ▶     |            |                           | _  |
| May th | e IRS   | Firm's address Figure 1 discuss this return with the preparer  | shown above? See                                 | instructions .                 |        | Phon                                 | e no.       | <b>▶</b> □ | Yes                       | No.  |

#### 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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection

| Name | of the organization   |                                |  |                      |                                       | Employer identification                                 | number  |
|------|---|--------------------------------|--|----------------------|---------------------------------------|---|---|
|      | ville Track Club  |                                |  |                      |                                       | 63-610  |   |
| Par  |   |                                |  |                      | <u>-</u>                              | <del></del>   | ns.   |
|      | organization is not a private founda  |                                | •  |                      | •                                     | •   |   |
| 1 2  | <ul><li>☐ A church, convention of churc</li><li>☐ A school described in section</li></ul>   |                                |  | bea in <b>se</b>     | ection 17                             | U(D)(1)(A)(I).  |   |
| 3    | A hospital or a cooperative hospital  |                                |  | n section            | 170/b)/1                              | \/A\/iii\   |   |
| 4    | A medical research organization   |                                |  |                      |                                       |   | iii). Enter the                                 |
| •    | hospital's name, city, and state  | •                              | ,  |                      |                                       |   |   |
| 5    | An organization operated for section 170(b)(1)(A)(iv). (Com   |                                | college or university  | owned o              | r operate                             | d by a government                                       | al unit described in                            |
| 6    | 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |                                |  |                      |                                       |   |   |
| 7    | 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) |                                |  |                      |                                       | the general public                                      |   |
| 8    | A community trust described in  | n <b>section 170(b)</b>        | (1)(A)(vi). (Complete I  | Part II.)            |                                       |   |   |
| 9    | An organization that normally receipts from activities related support from gross investme acquired by the organization a   | to its exempt<br>nt income and | functions—subject to<br>unrelated business   | certain<br>axable ii | exceptioi<br>ncome (l                 | ns, and (2) no more<br>ess section 511 ta               | than 331/3% of its                              |
| 10   | An organization organized and   | operated exclus                | sively to test for public  | safety. S            | See <b>sect</b> i                     | on 509(a)(4).   |   |
| 11   | An organization organized and one or more publicly supported the box in lines 11a through 11a   | d organizations d              | escribed in section 50   | 09(a)(1) o           | r section                             | 509(a)(2). See secti                                    | on 509(a)(3). Check                             |
| а    | ☐ Type I. A supporting organiz<br>the supported organization(s<br>organization. You must com  | ) the power to re              | egularly appoint or ele  |                      |                                       |   |   |
| b    | ☐ Type II A supporting organic<br>control or management of the<br>organization(s). You must co  | e supporting org               | janization vested in th  |                      |                                       |   |   |
| С    | Type III functionally integra<br>its supported organization(s)  |                                |  |                      |                                       |   | y integrated with,                              |
| d    | ☐ Type III non-functionally in<br>that is not functionally integr<br>requirement (see instructions  | ated. The organi               | zation generally must  | satisfy a            | distributi                            | on requirement and                                      |   |
| е    | Check this box if the organiz<br>functionally integrated, or Ty   |                                |  |                      |                                       |   | I, Type III                                     |
| f    | Enter the number of supported of  | organizations                  |  |                      |                                       |   |   |
| g    | Provide the following information   | n about the supp               | orted organization(s).   |                      |                                       |   |   |
|      | (i) Name of supported organization  | (ii) EIN                       | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | listed in you        | organization<br>or governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of other support (see instructions) |
|      |   |                                | (See Matractions)  | Yes                  | No                                    |   |   |
| (A)  |   |                                |  |                      |                                       |   |   |
| (B)  |   |                                |  |                      |                                       |   |   |
| (C)  |   |                                |  |                      |                                       |   |   |
| (D)  |   |                                |  | _                    |                                       |   |   |
| (E)  |   |                                |  |                      |                                       |   |   |
| Tota | I   |                                |  |                      |                                       |   |   |

Part II

| Part       | Support Schedule for Organiza   | ations Descr       | ibed in Secti                         | ons 170(b)(1     | )(A)(iv) and 1     | 70(b)(1)(A)(vi     | i)                     |
|------------|---|--------------------|---------------------------------------|------------------|--------------------|--------------------|------------------------|
|            | (Complete only if you checked the   |                    |                                       |                  |                    |                    | alify under            |
|            | Part III. If the organization fails to  | o qualify unde     | er the tests lis                      | ted below, p     | lease comple       | te Part III.)      |                        |
| Secti      | on A. Public Support  |                    |                                       |                  |                    |                    |                        |
| Calen      | dar year (or fiscal year beginning in)  | (a) 2010           | <b>(b)</b> 2011                       | (c) 2012         | (d) 2013           | (e) 2014           | (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   | l <sub>6</sub> , . | , ig                                  |                  | Paul Bart &        |                    |                        |
|            | governmental unit or publicly   | *                  | , , , , , , , , , , , , , , , , , , , |                  | W BK WE            |                    |                        |
|            | supported organization) included on   |                    | . 🖑 🐇                                 |                  |                    |                    |                        |
|            | line 1 that exceeds 2% of the amount  | 4 4 100            |                                       |                  | Salas Salas        |                    |                        |
| _          | shown on line 11, column (f)  |                    |                                       |                  | 1 8 Me 2 pp 33 3 3 |                    |                        |
| 6<br>Cooki | Public support. Subtract line 5 from line 4.                                  | A & 328 SE 1       | <u>(18 % 5 5 5 </u>                   | <u> </u>         | \$ +2, -1          | , § 8 %, 144       |                        |
|            | on B. Total Support  dar year (or fiscal year beginning in)                   | (a) 2010           | <b>(b)</b> 2011                       | (c) 2012         | (4) 2012           | (a) 2014           | (O Total               |
|            | Amounts from line 4   | (a) 2010           | (0) 2011                              | (0) 2012         | (d) 2013           | <b>(e)</b> 2014    | (f) Total              |
| 7          |   |                    |                                       |                  |                    |                    | •                      |
| 8          | Gross income from interest, dividends, payments received on securities loans, |                    |                                       |                  |                    | !                  |                        |
|            | rents, royalties and income from similar                                      |                    |                                       |                  |                    |                    |                        |
|            | sources   |                    |                                       |                  |                    |                    |                        |
| 9          | Net income from unrelated business  |                    |                                       |                  |                    |                    |                        |
| 3          | activities, whether or not the business                                       |                    |                                       | :                |                    |                    |                        |
|            | is regularly carried on   |                    |                                       |                  |                    | 1                  |                        |
| 10         | Other income. Do not include gain or  |                    | <del> </del>                          |                  |                    |                    |                        |
|            | loss from the sale of capital assets  |                    |                                       |                  |                    |                    |                        |
|            | (Explain in Part VI.)   |                    |                                       |                  |                    |                    |                        |
| 11         | Total support. Add lines 7 through 10   | V**/* : /          |                                       |                  |                    |                    |                        |
| 12         | Gross receipts from related activities, etc                                   | . (see instruction | ons)                                  |                  |                    | 12                 |                        |
| 13         | First five years. If the Form 990 is for the                                  | ne organization    | n's first, secon                      | d, third, fourth | , or fifth tax ye  | ear as a sectio    | n 501(c)(3)            |
|            | organization, check this box and stop he                                      | re                 |                                       |                  |                    |                    | ▶ 🗀                    |
| Secti      | on C. Computation of Public Support   | rt Percentag       | е                                     | •                |                    |                    |                        |
| 14         | Public support percentage for 2014 (line                                      |                    |                                       | 1, column (f))   |                    | 14                 | %                      |
| 15         | Public support percentage from 2013 Sci                                       |                    |                                       |                  |                    | 15                 | %                      |
| 16a        | 331/3% support test—2014. If the organi                                       |                    |                                       |                  |                    |                    |                        |
|            | box and stop here. The organization qua                                       |                    |                                       |                  |                    |                    | _                      |
| b          | 331/3% support test—2013. If the organ  |                    |                                       |                  | •                  | 15 is 331/3%       | or more,               |
|            | check this box and stop here. The organ                                       | iization qualifie  | s as a publicly                       | supported org    | anization .        |                    | . •                    |
| 17a        | 10%-facts-and-circumstances test – 2  |                    |                                       |                  |                    |                    |                        |
|            | 10% or more, and if the organization me                                       |                    |                                       |                  |                    | •                  | •                      |
|            | Part VI how the organization meets the "I                                     | racts-and-circu    | imstances" tes                        | t. The organiza  | ation qualifies    | as a publicly si   | upported               |
|            | organization  |                    |                                       |                  |                    |                    | . 🟲 📙                  |
| b          | 10%-facts-and-circumstances test—2  |                    |                                       |                  |                    |                    |                        |
|            | 15 is 10% or more, and if the organiza  |                    |                                       |                  |                    |                    |                        |
|            | Explain in Part VI how the organization in                                    | ieets the "tacts   | s-and-circumst                        |                  | ne organizatio     | n quannes as a     |                        |
| 40         | supported organization  | id not obsolve     |                                       |                  |                    | <br>ل thic boy and | 🗆                      |
| 18         | instructions  |                    |                                       |                  |                    | K IIIIS DUX AIIO   | əc <del>c</del><br>▶ □ |
|            |   |                    |                                       |                  |                    |                    | 10                     |

#### 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.)

| O4:     | A Dublic Comment  |                  |                 | , p               |                 | <del></del>      |              |
|---------|---|------------------|-----------------|-------------------|-----------------|------------------|--------------|
|         | on A. Public Support  | (1) 0040         | # \ 0044        | () 0010           | (               |                  | <del></del>  |
|         | dar year (or fiscal year beginning in)  | (a) 2010         | <b>(b)</b> 2011 | (c) 2012          | (d) 2013        | <b>(e)</b> 2014  | (f) Total    |
| 1       | Gifts, grants, contributions, and membership fees   |                  |                 | Ì                 |                 |                  |              |
| 2       | received. (Do not include any "unusual grants.")  | 20,428.86        | 18,590.29       | 17,048 16         | 18,174.32       | 21,888.10        | 96,129.73    |
|         | 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. | 57,862.83        | 58,854.18       | 73,559.82         | 71,478.46       | 107,523 30       | 369,278.59   |
| 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<br>7a | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .  | 78,291.69        | 77,444.47       | 90,607.98         | 89,652.78       | 129,411.40       | 465,408.32   |
| 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            |                  |                 |                   |                 |                  |              |
| С       | Add lines 7a and 7b   |                  |                 |                   |                 |                  |              |
| 8       | Public support (Subtract line 7c from line 6.)  |                  |                 |                   |                 |                  | 465,408.32   |
| Secti   | on B. Total Support   |                  |                 |                   | <u> </u>        |                  |              |
| Calen   | dar year (or fiscal year beginning in)  | (a) 2010         | <b>(b)</b> 2011 | (c) 2012          | (d) 2013        | (e) 2014         | (f) Total    |
| 9       | Amounts from line 6   | 78,291.69        | 77,444.47       | 90,607.98         | 89,652.78       | 129,411.40       | 465,408.32   |
| 10a     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.   | 298.63           | 205.60          | 159.24            | 27.26           | 17.29            | 708.02       |
| b       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 230.03           | 203.00          | 100.24            | 27.20           | 17.23            | 706.02       |
| С       | Add lines 10a and 10b   | 298.63           | 205.60          | 159 24            | 27 26           | 17.29            | 708.02       |
| 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 VI.)   |                  |                 |                   |                 |                  |              |
| 13      | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 78,590.32        | 77,650 07       | 90,676.22         | 89,680.04       | 129,394.11       | 466,116.34   |
| 14      | First five years. If the Form 990 is for the organization, check this box and stop he   |                  | 's first, secon |                   |                 | ear as a section | on 501(c)(3) |
| Secti   | on C. Computation of Public Suppor  | t Percentage     | e               |                   |                 | -                |              |
| 15      | Public support percentage for 2014 (line 8  | B, column (f) di | vided by line 1 | 3, column (f))    |                 | 15               | 99 %         |
| 16      | Public support percentage from 2013 Sch   |                  | -               |                   |                 | 16               | 99 %         |
|         | on D. Computation of Investment In  |                  |                 |                   | <u></u>         | <del></del>      | 30 70        |
| 17      | Investment income percentage for 2014 (   |                  | <del></del>     | v line 13. colur  | nn (f))         | 17               | 1 %          |
| 18      | Investment income percentage from 2013  |                  |                 | •                 |                 | 18               | 1 %          |
| 19a     | 331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box  | ization did not  | check the box   | on line 14, ar    | nd line 15 is m | ore than 331/3   | %, and line  |
| b       | 331/3% support tests—2013. If the organization 18 is not more than 331/3%, check this   | ation did not cl | heck a box on   | line 14 or line 1 | 9a, and line 16 | is more than     | 331/3%, and  |
| 00      | Private foundation. If the organization de  |                  | -               | -                 | -               | •                | _            |

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Section A | A. All | Supporting | <b>Organizations</b> |
|-----------|--------|------------|----------------------|
|-----------|--------|------------|----------------------|

|     |   |                    | Yes                                   | No                                    |
|-----|---|--------------------|---------------------------------------|---------------------------------------|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If histonic and continuing relationship, explain.  | ********* <b>1</b> |                                       | ***<br>***                            |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2                  | , , , , , , , , , , , , , , , , , , , | ;;<br>;;,,,,                          |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 3a                 | *                                     | - 3                                   |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b                 | - 4.                                  | . / 1                                 |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c                 | * '                                   | 2                                     |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   | 4a                 |                                       | .; 1                                  |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b                 | * *                                   |                                       |
| С   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c                 |                                       |                                       |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a                 |                                       |                                       |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5b<br>5c           | ^ ;                                   |                                       |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.  | 6                  |                                       |                                       |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | ,                  | - '5 t                                | "<br>"<br>~                           |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8                  |                                       | , , , , , , , , , , , , , , , , , , , |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a                 | 1 ·                                   | ٠<br>•                                |
|     | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9b                 | ÷                                     | ¥.                                    |
|     | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c                 |                                       |                                       |
| l0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.  | 10a                |                                       | , ",                                  |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b                |                                       | ,                                     |

| Part     | Supporting Organizations (continued)  |            |                    |   |
|----------|---|------------|--------------------|---|
|          |   | 2172       | Yes                | No                                      |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?   | , A.       |                    |   |
| а        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  | لثقلتا     |                    | 200                                     |
| <b>.</b> | below, the governing body of a supported organization?  | 11a        |                    |   |
|          | A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) ar (b) above? If "Yee" to a, b, or a provide detail in Best M.  | 11b        |                    |   |
|          | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations   | 11c        | Ь                  |   |
| 00011    | on b. Type I Supporting Organizations   |            | Yes                | No                                      |
| 1        | Did the directors, trustees, or membership of one or more supported organizations have the power to   | 1.7 K. 1   | 103                | ,20% (A)                                |
| -        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |            |                    | I X XX                                  |
|          | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or   |            |                    |   |
|          | controlled the organization's activities. If the organization had more than one supported organization,   |            |                    |   |
|          | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported   | ii.        |                    |   |
|          | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | _1         |                    |   |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported   |            | 75                 | 3-8 V                                   |
|          | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part   | 1          | PU.                |   |
|          | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |            | ill i              |   |
|          | supervised, or controlled the supporting organization.  | 2          | <u> </u>           |   |
| Secti    | on C. Type II Supporting Organizations  |            |                    |   |
| _        |   |            | Yes                |   |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   | , ,        |                    | 1.3                                     |
|          | or management of the supporting organization was vested in the same persons that controlled or managed  | 7 3.35     |                    | \$ 0.30 J                               |
|          | the supported organization(s).  | Mig T      | TY.E               | 1                                       |
| Secti    | on D. All Type III Supporting Organizations   |            | <u> </u>           |   |
| <u> </u> | on Dr. ii Type ii Gapper iii g Cigarina ii c  |            | Yes                | No                                      |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |            | .00                | 110                                     |
|          | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax   | 3 1 793 11 |                    |   |
|          | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the   |            |                    | / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|          | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1          |                    |   |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |            | \$ 1 B             | × 1                                     |
|          | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |            | ll à               | NA. SAG                                 |
| _        | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2          | <u> </u>           | 1 2 38                                  |
| 3        | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's                        |            | , ,                |   |
|          | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's   | 30.3       | 64                 | ## . !                                  |
|          | supported organizations played in this regard.  | 3          | *- X.I             |   |
| Secti    | on E. Type III Functionally-Integrated Supporting Organizations   | <u> </u>   |                    | L                                       |
| -        |   |            |                    |   |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  | Instru     | ction              | S):                                     |
| a        | ☐ The organization satisfied the Activities Test. Complete line 2 below.  |            |                    |   |
| b<br>c   | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (                         | 000 101    | de la t            | امعما                                   |
| ·        | The digalization supported a governmental entity. Describe in Fact of now you supported a government entity [   | 300 II IS  |                    |   |
| 2        | Activities Test. Answer (a) and (b) below.  |            | Yes                | No                                      |
| а        | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  | 7434       |                    | 234                                     |
|          | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  | , j./š./1  | L.I                | 3 86. 3                                 |
|          | those supported organizations and explain how these activities directly furthered their exempt purposes,  |            | ₹ <b>₩</b>         |   |
|          | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  |            | 3                  | <u> </u>                                |
| L        | ·   | 2a         | <b>*</b> * ·       | J                                       |
| b        | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the | Mark       |                    | 484                                     |
|          | reasons for the organization's position that its supported organization(s) would have engaged in these  |            | [*]*\?.\<br>[2]*\. | i I di                                  |
|          | activities but for the organization's involvement.  | 2b         |                    | أخندا                                   |
| 3        | Parent of Supported Organizations. Answer (a) and (b) below.  | <u> </u>   | 293                | 2 1                                     |
| a        | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |            |                    |   |
| u        | trustees of each of the supported organizations? <i>Provide details in Part VI</i> .  | 3a         |                    |   |
| b        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   | Ja         | Š.                 | y 1                                     |
| _        | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b         |                    |   |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | gan  | izations   |                                |
|---|------|--|--------------------------------|
| Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the properties of the containing organization. |      |  |                                |
| Section A - Adjusted Net Income   |      | (A) Prior Year   | (B) Current Year<br>(optional) |
| 1 Net short-term capital gain   | 1    |  |                                |
| 2 Recoveries of prior-year distributions  | 2    |  |                                |
| 3 Other gross income (see instructions)   | 3    |  |                                |
| 4 Add lines 1 through 3   | 4    |  |                                |
| 5 Depreciation and depletion  | 5    |  |                                |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)      | 6    |  |                                |
| 7 Other expenses (see instructions)   | 7    |  | _                              |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)   | 8    |  | (5) 6                          |
| Section B - Minimum Asset Amount  |      | (A) Prior Year   | (B) Current Year (optional)    |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):   | ``   | *.   |                                |
| a Average monthly value of securities   | 1a   |  |                                |
| <b>b</b> Average monthly cash balances  | 1b   |  |                                |
| c Fair market value of other non-exempt-use assets  | 1c   |  |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d   |  |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):  | )· . |  |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2    |  |                                |
| 3 Subtract line 2 from line 1d  | 3    |  | ·- ·-                          |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).   | 4    |  |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5    |  |                                |
| 6 Multiply line 5 by .035   | 6    |  |                                |
| 7 Recoveries of prior-year distributions  | 7    |  |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8    |  |                                |
| Section C - Distributable Amount  |      |  | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1    |  |                                |
| 2 Enter 85% of line 1   | 2    |  |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3    | * *  |                                |
| 4 Enter greater of line 2 or line 3   | 4    | 医主意大家 电影广音学  |                                |
| 5 Income tax imposed in prior year  | 5    | *  |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6    | in the state of th |                                |
| 7 Check here if the current year is the organization's first as a non-functionall instructions)   | _    |  | g organization (see            |

| Part         |   | ) Supporting Organ                      | izations (continued)                    | · · · · · · · · · · · · · · · · · · ·   |  |  |
|--------------|---|---|---|---|--|--|
|              | on D - Distributions  | <del></del>                             | <del></del>                             | Current Year  |  |  |
| 1_           | Amounts paid to supported organizations to accomplish   | <u> </u>                                |   |   |  |  |
| 2            | Amounts paid to perform activity that directly furthers exe   | empt purposes of suppo                  | orted                                   |   |  |  |
|              | organizations, in excess of income from activity  |   |   |   |  |  |
| 3            | Administrative expenses paid to accomplish exempt purp  | inizations                              |   |   |  |  |
|              | Amounts paid to acquire exempt-use assets   |   |   |   |  |  |
| 5            | Qualified set-aside amounts (prior IRS approval required)   |   |   |   |  |  |
| 6            | Other distributions (describe in Part VI). See instructions.  |   |   |   |  |  |
|              | Total annual distributions. Add lines 1 through 6.  | <del></del>                             |   |   |  |  |
| 8            | Distributions to attentive supported organizations to which   | h the organization is res               | sponsive                                |   |  |  |
|              | (provide details in <b>Part VI</b> ). See instructions.   | <del></del>                             |   |   |  |  |
| 9            | Distributable amount for 2014 from Section C, line 6  | <del> </del>                            | - <del></del>                           |   |  |  |
| 10_          | Line 8 amount divided by Line 9 amount  |   | (:)                                     | rin -   |  |  |
| Se           | ection E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions             | (ii)<br>Underdistributions<br>Pre-2014  | (iii) Distributable Amount for 2014   |  |  |
| 1            | Distributable amount for 2014 from Section C, line 6  | \$ "                                    | ·                                       |   |  |  |
| 2            | Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)              | * |   |   |  |  |
| 3            | Excess distributions carryover, if any, to 2014:  |   | * '^ ',                                 |   |  |  |
| a            |   | * | *                                       |   |  |  |
| b            |   | ( & ,                                   | " N.L. && \$1344 . \$145 . 2" 772 .     |   |  |  |
| С            |   |   | . * . *                                 | y 1 4 Y 2 CM  |  |  |
| <del>_</del> |   | . 19.4. 21.3.3.3.4.4.4                  | apropolitica Paritida.                  |   |  |  |
|              | From 2013   | 8 + T 17                                |   | \$1.00 p. (10.5) (4.14)   |  |  |
| f            | Total of lines 3a through e   |   |   | 74 9 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |
| g            | Applied to underdistributions of prior years  | \$ 18 K YE KW Y                         |   | 3   |  |  |
| h            | Applied to 2014 distributable amount  | , ", , , + M 1." ( '                    | Killing Comment                         |   |  |  |
| ī            | Carryover from 2009 not applied (see instructions)  | , *, * ***                              |   | 1 1 1 1 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |
| j            | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   | *****************                       | A CONTRACT OF THE STATE OF THE |  |  |
| 4            | Distributions for 2014 from Section   |   | De Branch Commence                      | a in sk   |  |  |
|              | D, line 7: \$   | \$ 13 Y                                 |   |   |  |  |
| а            | Applied to underdistributions of prior years  | *                                       |   | , , , , , , , , , , , , , , , , , , ,   |  |  |
| b            | Applied to 2014 distributable amount  | * | * ** ** ** * * * * * * * * * * * * * *  |   |  |  |
| С            | Remainder. Subtract lines 4a and 4b from 4.   |   | 81. C . 2 . 4 . 4 . 4                   | Part City A.  |  |  |
| 5            | Remaining underdistributions for years prior to 2014, if  |   |   | ***   |  |  |
|              | any. Subtract lines 3g and 4a from line 2 (if amount  |   |   |   |  |  |
|              | greater than zero, see instructions).   |   |   | 3 15 4 78 78 78 78 78 78 78 78 78 78 78 78 78   |  |  |
| 6            | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see | - / #                                   |   |   |  |  |
|              | instructions).  |   | *                                       |   |  |  |
| 7            | Excess distributions carryover to 2015. Add lines 3j  |   | * | *   |  |  |
|              | and 4c.   |   |   | . ,*  |  |  |
| 8            | Breakdown of line 7:  | t & colored a                           | 4 3 5 4 4 5 4 7 3 W 1 1 1               | 7 7 7   |  |  |
| a            |   | * *                                     |   | , , , , , , ,   |  |  |
| <u>_</u>     |   | , «, «, ×                               | 14 3. \$ 4 3. 3 5 5 8                   | 1 7 1 5 4 8   |  |  |
|              | 1 3 2 4 5 4 .   | à \$ 1                                  |   | 5 × 5 0 0 8   |  |  |
| d            | Excess from 2013  | ×3 , × ,                                |   | 1 " 3"  |  |  |
| <u> — =</u>  | Excess from 2014  | 8 * 3*                                  | 7                                       | *   |  |  |
|              |   | ·····                                   | Cabadula                                | A (Form 990 or 990-FZ) 2014   |  |  |

| Schedule A•(f | Form 990 or 990-EZ) 2014  | Page 8 |
|---------------|---|--------|
| Part VI       | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.) | and    |
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2014

Employer identification number

Open to Public Inspection

| Huntsville Track Club   | 63-6106033                        |  |  |  |
|---|-----------------------------------|--|--|--|
| Schedule 990-EZ, Part 1, number 10 (grants and similar amounts paid)  |                                   |  |  |  |
| \$4500 Scholarship Fund: The HTC gives a scholarship to outstanding high school graduates who are members of the club and who are               |                                   |  |  |  |
| enrolled in a college of their choice and intend to pursue running on an intercollegiate level. The scholarship is awarded in strict complaince |                                   |  |  |  |
| with the rules and regulations of the National Collegiate Athletic Association  |                                   |  |  |  |
| \$847.46 The HTC donates the funds received from the Twilight 5k, one of the HTC's races, which is put on and run by the University of          |                                   |  |  |  |
| Alabama Huntsville's coaches and runners, to the UAH cross country team. The HTC supports running throughout the schools from the               |                                   |  |  |  |
| high school level to the collegiate level.  |                                   |  |  |  |
| \$5000 Donated to the Huntsville City Parks and Recreation Department for the repair and maintenance  | of a local park and running path. |  |  |  |
| In addition to the donation, many HTC volunteers joined in the work to improve our community.   |                                   |  |  |  |
| \$ 500 to Metro Coaches Association/Cross Country: supporting local high school cross country   |                                   |  |  |  |
| \$1500 to Hampton Cove School   |                                   |  |  |  |
| \$500 to Huntsville Drumline  |                                   |  |  |  |
| \$500 to Alzheimer's Association  |                                   |  |  |  |
| \$500 to Huntsville Dialysis Center   |                                   |  |  |  |
| \$3017.47 to Still Serving Veterans   |                                   |  |  |  |
| \$3017.47 to Red, White, and Blue   |                                   |  |  |  |
| \$1000 to Land Trust of Huntsville  |                                   |  |  |  |
| \$5169 85 to Harold and Louise Tinsely Scholarship Fund   |                                   |  |  |  |
| \$4500.00 Huntsville Hospital Foundation  |                                   |  |  |  |
| \$250 to Mana House   |                                   |  |  |  |
| \$5000 to Therapy Partners  | ·····                             |  |  |  |
| \$1000 to HEALS: Health Establishment in Local Schools  |                                   |  |  |  |
| \$5000 to Fallen Officers Memorial  |                                   |  |  |  |
| \$1000 to Survivor Outreach Services  |                                   |  |  |  |
| \$700 to Snowball Express   |                                   |  |  |  |

| Schedule Q (Form 990 or 990-EZ) (2014)  | Page 2                                       |
|---|--|
| Name of the organization  | Employer identification number               |
| Huntsville Track Club   | 63-6106033                                   |
| \$1000 to Boy Scouts of America Troop 364   | •••••••••••••••••••••••••••••••••••••••      |
| \$250 to The Riley Center   | ······································       |
| \$250 to Day Spring Center  |  |
| \$250 to Venturing Crew   |  |
|   |  |
| \$250 to Holy Cross Church  |  |
| \$1000 to Back on Track Fund  |  |
|   |  |
| Part 1, Question 16 (other expenses)  |  |
| Meetings \$7040.18: The club has 5 meetings per year for its members. These meeings help the r    | nembers learn what is going on with the HTC, |
| help them learn about races, volunteer opportunities, and activities of the club, and gives membe |  |
|   | and a place to express to the sound their    |
| ideas on how to make the club better.   |  |
| Equipment \$6224.28: The HTC has to continually update its race timing equipment and all of the   | equipment necessary to put on races          |
| properly and safely. Therefore, the club budgets for new and updated equipment yearly.            |  |
| Conventions \$2135.59. In order for the club to remain current on ways to support and participate | e in running events, the Board must remain   |
| informed. Therefore, every year a couple of Board members attend meetings/conferences and b       | ring home new ideas on how to make the       |
| club safer, more supportive and involved in the community.  |  |
|   |  |
| Bank Fees \$232.95  |  |
|   | •••••••••••••••••••••••••••••••••••••••      |
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