# Form **990-EZ**

Department of the Treasury

## **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)

OMB No. 1545-0047 2020

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

Inter	nal Revenu	ue Service	► Go to www.irs.gov/Form990EZ for inst	tructions and th	e latest infor	mation.		•	
Α	For the	2020 calenda	ar year, or tax year beginning	, 2020, an	d ending			, 20	
В	Check if ap	pplicable:	C Name of organization			D Employ	er identi	fication number	
	Address ch					31-1075314			
	Name chai	-	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telepho			
$\overline{}$	Initial return	•				1			
$\overline{}$		n/terminated	4725 SYCAMORE DR						
$\equiv$	Amended i		City or town, state or province, country, and ZIP or foreign postal code			F Group E			
$\equiv$	Application		HOLLADAY, UT 84117			Number		5062	
		ing Method:	X Cash Accrual Other (specify) ▶				_	organization is <b>not</b>	
	Website	-	La Casir La Accidal Ottici (specily) -		<del></del>   '	required to a		=	
			check only one) -	— П 404 <del>7</del> ( )(4)		•			
					or 527	(Form 990,	990-62, 0	1 990-66).	
		organization:		_					
			7b to line 9 to determine gross receipts. If gross receipts are				<b>.</b> .		
_			6500,000 or more, file Form 990 instead of Form 990-EZ	r Fund Polo				21,495	
	art I		e, Expenses, and Changes in Net Assets o		•			· -	
_			the organization used Schedule O to respond to ar					<u>X</u>	
	1		s, gifts, grants, and similar amounts received				1	7,570	
	2		vice revenue including government fees and contracts • •				2	5,726	
	3		dues and assessments				3	5,968	
	4	Investment in	ncome				4	2,231	
			nt from sale of assets other than inventory	_	5a				
	b	Less: cost or	r other basis and sales expenses		5b				
	С	Gain or (loss	s) from sale of assets other than inventory (subtract line 5b fr	rom line 5a)			5c		
	6	Gaming and fundraising events:							
	а	Gross incom	ne from gaming (attach Schedule G if greater than						
ne		\$15,000) •			6a				
Revenue	b	Gross incom	ne from fundraising events (not including \$	of co	ntributions				
Re			sing events reported on line 1) (attach Schedule G if the						
			gross income and contributions exceeds \$15,000)		6b				
	c		expenses from gaming and fundraising events		6c				
			or (loss) from gaming and fundraising events (add lines 6a a	_					
							6d		
	7a		of inventory, less returns and allowances	1	7a				
			f goods sold • • • • • • • • • • • • • • • • • • •		7b				
			or (loss) from sales of inventory (subtract line 7b from line 7b	_			7c		
	8		ue (describe in Schedule O)			1	8		
	9		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			ŀ	9	21,495	
_	10		similar amounts paid (list in Schedule O)				10	21,495	
	11		d to or for members			ŀ	11		
	12	•	er compensation, and employee benefits				12		
es	12		fees and other payments to independent contractors						
sus	13						13	6,300	
Expenses	14		rent, utilities, and maintenance				14		
Ш			slications, postage, and shipping			1	15		
	16	•	ses (describe in Schedule O)			ŀ	16	3,270	
_	17		ises. Add lines 10 through 16				17	9,570	
Net Assets	18		eficit) for the year (subtract line 17 from line 9)				18	11,925	
	19		or fund balances at beginning of year (from line 27, column (	,, ,					
			figure reported on prior year's return)				19	196,607	
	20		es in net assets or fund balances (explain in Schedule O)			ľ	20		
_	21	Net assets o	or fund balances at end of year. Combine lines 18 through 20	)			21	208,532	

	m 990-EZ (2020) USA TRACK & FIELD IN			31-1	0753	314 Page 2
Pa	art II Balance Sheets (see the instructions for Pa	•				_
	Check if the organization used Schedule O	to respond to any qι	estion in this Part	<u> </u>		<u>x</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			188,851	22	197,906
23	Land and buildings			0	23	(
24	Other assets (describe in Schedule O)			12,067	24	12,067
25	Total assets			200,918	25	209,973
26	Total liabilities (describe in Schedule O)		[	4,311	26	1,441
27	Net assets or fund balances (line 27 of column (B) must ag	gree with line 21)	[	196,607	27	208,532
Pa	art III Statement of Program Service Accompl	ishments (see the in	nstructions for Part			
	Check if the organization used Schedule O					Expenses
Wh		ELOPE ATHLETES			(Req	uired for section
					501(0	c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for	-			orgar	nizations; optional for
	measured by expenses. In a clear and concise manner, describ sons benefited, and other relevant information for each prograr	•	, the number of		other	s.)
	DEVELOPED ATHELETES IN THE SPORT OF TR		T ONG			
		ACK & FIELD AND	LONG			
	DISTANCE RUNNING					
	(Canada (C		ata abaalabaaa		20-	
	(Grants \$ ) If this amo	ount includes foreign gra	ints, check here	▶ □	28a	4,224
29						
	(Grants \$ ) If this amo	ount includes foreign gra	nts, check here	▶ 📋	29a	
30						
	(Grants \$ ) If this amo	ount includes foreign gra	nts, check here	🕨 🔲	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amo	ount includes foreign gra	nts, check here	▶ 🔲	31a	
32	Total program service expenses (add lines 28a through 31a	a)		▶	32	4,224
P	art IV List of Officers, Directors, Trustees, and Key E	imployees (list each one	e even if not compensa	ted - see the instruction	ns for	Part IV)
	Check if the organization used Schedule O to resp	ond to any question in the	nis Part IV			[
		(h) A	(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe	e (	e) Estimated amount of
	,,	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
JO	HN B ERICKSON		(ii not paid, enter o )	deletted compensation		
-	EASURER	1.00	0	0		0
	IFTON TAYLOR	1.00	•			
	CE PRESIDENT	1.00	0	0		0
	SSICA STANFORD	1.00	0	0		0
		1 00				•
	CRETARY	1.00	0	0		0
	RRY ALSERDA		_			_
	CE PRESIDENT	0.00	0	0		0
	REN JAMESON					
PR:	ESIDENT	0.00	0	0		0
_					+	
					+	
					-	
			1			

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Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			╌╙
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
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		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	, , , , , , , , , , , , , , , , , , , ,	35b		
С				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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		Х
37 a				
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a	'	_		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40 a				
	section 4911 ; section 4912 ; section 4955 ; sectio			
b				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401-		
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
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,			
	4955, and 4958			
a				
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е		40e		.,
44	transaction? If "Yes," complete Form 8886-T	400		X
41		FO 1	070	
72 U	The organization's books are in care of ► JOHN B ERICKSON  Located at ► 4725 SYCAMORE DR, HOLLADAY, UT  Telephone no. ► 801-8 84117		070	
h	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	100	х
	If "Yes," enter the name of the foreign country	12.0		Λ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country			- 11
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here		▶	Г
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			-22
~	completed instead of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Form 990-EZ. See instructions

**b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

х

45a

31-1075314

									Yes	No	
46	Did the	organization engage, directly or indirectly, in p	olitical campaign activities	on behalf of or in oppos	ition						
	to candi	dates for public office? If "Yes," complete Sci	hedule C, Part I					46		х	
Par		Section 501(c)(3) Organizations (									
		All section 501(c)(3) organizations		ons 47 - 49b and 52	2, and com	plete the	tables	s for I	ines		
		50 and 51.	·			•					
	(	Check if the organization used Sch	edule O to respond	to any question in t	his Part V	Ί				П	
		<u> </u>	<b>'</b>						Yes	No	
47	Did the	organization engage in lobbying activities or h	ave a section 501(h) elect	ion in effect during the ta	x						
•			, ,	-				47		х	
48	year? If "Yes," complete Schedule C, Part II										
		s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								X	
49a								49a		Х	
b		was the related organization a section 527 or	-	College the confliction of Processing			• •	49b			
50		e this table for the organization's five highest									
	employe	es) who each received more than \$100,000 c	t compensation from the	organization. If there is n							
			(b) Average	(c) Reportable	(d) Health benefits, contributions to employee		(e) F	Estimated	d amoun	t of	
		(a) Name and title of each employee	hours per week	compensation	benefit plans,	contributions to employee benefit plans, and deferred		other con			
			devoted to position	(Forms W-2/1099-MISC)	compe	ensation					
NON	E										
f	Total nu	mber of other employees paid over \$100,000									
51		e this table for the organization's five highest		nt contractors who each r	- eceived more	than					
• •		0 of compensation from the organization. If t				· ti icai i					
	Ψ100,00	o or compensation from the organization. The	noro io norio, oritor i torio								
	(a)	Name and business address of each independent contract	ctor	(b) Type of service			(c) Compensation				
NON	<b>.</b>										
INOIN	<u> </u>										
				1							
		mber of other independent contractors each r	•								
52		organization complete Schedule A? <b>Note:</b> All s	section 501(c)(3) organiza	tions must attach a							
		ed Schedule A					×X			No	
Unde	r penalties	of perjury, I declare that I have examined this return	rn, including accompanying s	schedules and statements,	and to the best	of my knowled	dge and	belief, i	t is		
true, o	correct, and	d complete. Declaration of preparer (other than of	ficer) is based on all informa	tion of which preparer has	any knowledge						
		JOHN B ERICKSON									
Sig		Signature of officer				Date					
Her	е	JOHN B ERICKSON, TREASURE									
		Type or print name and title									
		Print/Type preparer's name	reparer's signature	Date		Check X if	PTIN	١			
Paid		John B Erickson EA		10-27-20	021	self-employed	₽00	3552	70		
Pre	parer	Firm's name John B Erickson	EA Tax & Acctg		Firm's I	EIN 🕨					
	Only	Firm's address 2425 So Highland						_			
	-	Salt Lake City U			Phone	no. <b>801</b> -	858-	1070			
May	the IDC d	iscuse this return with the property shown ab				1		Voc		ماد	

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Employer identification number TRACK & FIELD INC- USATF UTAH 31-1075314 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

# 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.

OMB No. 1545-0047

Doen to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

31-1075314 USA TRACK & FIELD INC- USATF UTAH 01. Description of other expenses (Part I, line 16) AMOUNT DESCRIPTION OFFICIALS DUES 220 MEETINGS NATIONAL CONVENTION 1,320 OFFICE EXPENSES 1,655 LICENSES AND PERMITS 10 40 SUPPLIES 02. Description of other assets (Part II, line 24) CATEGORY BEGINNING OF YEAR END OF YEAR 12,067 EQUIPMENT 03. Description of total liabilities (Part II, line 26) BEGINNING OF YEAR END OF YEAR CATEGORY 4,311 1,441 SOUTHWEST VISA