# Form **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)

OMB No. 1545-0047 2021

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

Α	For the 2	2021 calenda	ar year, or tax year beginning , 2021, a	nd ending			, 20		
В	Check if ap	oplicable:	C Name of organization			D Employer identification number			
Address change		nange	USA TRACK & FIELD INC- USATF UTAH			31-1075314			
	Name chan	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one numbe	er		
	Initial return	n							
	Final return	/terminated	4725 SYCAMORE DR						
	Amended re	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption			
	Application	pending	HOLLADAY, UT 84117		Numbe	er 🕨	5062		
G	Accounti	ing Method:	X Cash ☐ Accrual Other (specify) ►		H Check ►	if the	organization is <b>not</b>		
ı	Website	: <b>&gt;</b>			required to	attach Sch	nedule B		
<u>J</u>	Tax-exe	exempt status (check only one) -							
K	Form of o	organization:	X Corporation ☐ Trust ☐ Association ☐ Other						
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if total	assets				
(Pa	art II, colu	ımn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	20,416		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	ances (see	the instruction	ns for Pa	art I)		
		Check if	the organization used Schedule O to respond to any question in	this Part I			<u>x</u>		
	1	Contributions	s, gifts, grants, and similar amounts received			1	4,556		
	2		vice revenue including government fees and contracts			2	756		
	3		dues and assessments			3	15,045		
	4		ncome			4	59		
	5a	Gross amou	nt from sale of assets other than inventory	5a					
	b	Less: cost or							
		Gain or (loss		5c					
	6	Gaming and							
		Gross incom							
ē									
Revenue	b		e from fundraising events (not including \$ of c	6a ontributions					
ě		from fundraising events reported on line 1) (attach Schedule G if the							
-			gross income and contributions exceeds \$15,000)	6b					
			expenses from gaming and fundraising events	6c					
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subt			-			
	"								
	72	,	of inventory, less returns and allowances	7a		6d			
			goods sold	7b		-			
			or (loss) from sales of inventory (subtract line 7b from line 7a)			7c			
	1		ue (describe in Schedule O)			8			
	1		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	20,416		
	10		similar amounts paid (list in Schedule O)			10	20,416		
	11		d to or for members			11			
	12	•	er compensation, and employee benefits			12			
es	13		fees and other payments to independent contractors			13	7 200		
en:	13		rent, utilities, and maintenance			14	7,200		
Expenses	14								
		• .	lications, postage, and shipping			15			
	16	•	ses (describe in Schedule O)			16	3,381		
_	17		ses. Add lines 10 through 16			17	10,581		
Net Assets	18		eficit) for the year (subtract line 17 from line 9)			18	9,835		
	19		r fund balances at beginning of year (from line 27, column (A)) (must agree			40			
		•	igure reported on prior year's return)			19	208,532		
	20	_	es in net assets or fund balances (explain in Schedule O)			20			
_	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20		<u> ▶</u>	21	218,367		

	the organization used Schedule O	,	estion in this Part	II		Б
	the organization adda companie o	to respond to any qu		(A) Beginning of year	· · ·	(B) End of year
22 Cash savings and	investments		<del></del>	197,906	22	208,433
-			_	0	23	200,43
=	ribe in Schedule O)			12,067	24	12,06
,				209,973	25	220,498
	escribe in Schedule O)		-	1,441	26	2,131
•	d balances (line 27 of column (B) must ag			208,532	27	218,36
	ent of Program Service Accompl					
	if the organization used Schedule O					Expenses
What is the organization	n's primary exempt purpose? TO DEVI	ELOPE ATHLETES			1, .	uired for section
Describe the organization	on's program service accomplishments for	each of its three larges	t program services		,	c)(3) and 501(c)(4)
as measured by expens	ses. In a clear and concise manner, describ other relevant information for each prograr	oe the services provided	. •		others	nizations; optional for s.)
28 DEVELOPED AT	HELETES IN THE SPORT OF TR	ACK & FIELD AND	LONG			
DISTANCE RUN	NING					
(Grants \$	4,500 ) If this amo	ount includes foreign gra	ints, check here	▶ 📙	28a	10,580
29						
(Grants \$	) If this amo	ount includes foreign gra	ints, check here	▶ 📋	29a	
30						
<del></del>						
(Grants \$	· · · · · · · · · · · · · · · · · · ·	ount includes foreign gra		▶ 📋	30a	
	rices (describe in Schedule O)					
(Grants \$	,	ount includes foreign gra		····· <u>▶</u> <u> </u>	31a	
	vice expenses (add lines 28a through 31a				32	10,580
	Officers, Directors, Trustees, and Key E			ted - see the instructio	ns for	Part IV)
Check if	the organization used Schedule O to resp	ond to any question in th			• • •	
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ه) ا مد	e) Estimated amount of
(a	Name and title	hours per week	(Forms W-2/1099-MISC/	benefit plans, and		other compensation
		devoted to position	1099-NEC)	deferred compensation		
			(if not paid, enter -0-)			
JOHN B ERICKSON	Ī					
TREASURER		1.00	0	0	1	0
CLIFTON TAYLOR						
VICE PRESIDENT		1.00	0	0	1	0
JESSICA STANFOR	ND.		_	_		
SECRETARY		1.00	0	0	)	0
LARRY ALSERDA			_			
VICE PRESIDENT		1.00	0	0	<u> </u>	0
TEREN JAMESON			_	_		
PRESIDENT		2.00	0	0	1	0
					+	
					-	
		I		1		

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Par	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			<u>. 🗆</u>
			Yes	No
	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
	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
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	00-		
	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	-		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955 ; section 4955 ; section 4965 ; sectio			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		٠,,
		400		X
	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,			
4	4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		7.5
	List the states with which a copy of this return is filed	400		X
		FO 1	070	
	The organization's books are in care of ▶ JOHN B ERICKSON Telephone no. ▶ 801-8  Located at ▶ 4725 SYCAMORE DR, HOLLADAY, UT  ZIP+4 ▶ 84117		070	
	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	x
	If "Yes," enter the name of the foreign country	12.0		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
	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			
	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
	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		х
	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х

**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

Form 990-EZ. See instructions

31-1075314

										Yes	No
46		organization engage, directly or indirectly, in p			• • •						
Dar		idates for public office? If "Yes," complete Sc Section 501(c)(3) Organizations						• •	46		X
rai		All section 501(c)(3) organizations		nns 47 - 49h	and 52	and com	nlete the t	ables	for I	ines	
		50 and 51.	made anower quodes	0110 17 101	, and 02,	and con	ipioto tilo i	abioo	, 101 1		
		Check if the organization used Sch	edule O to respond	to any ques	stion in th	nis Part V	Ί				. П
		<u> </u>	·							Yes	No
47	Did the	organization engage in lobbying activities or h	ave a section 501(h) elect	tion in effect du	ring the tax			Γ			
	year? If	"Yes," complete Schedule C, Part II							47		X No X X X
48	Is the o	rganization a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," c	omplete Sched	ule E .				48		x
49a	Did the	organization make any transfers to an exempt	t non-charitable related org	charitable related organization?  ation?  ensated employees (other than officers, directors, trustees and key pensation from the organization. If there is none, enter "None."  (b) Average (C) Reportable compensation (Forms W-2/1099-MISC/)  (c) Reportable compensation (Forms W-2/1099-MISC/)	• •	49a		х			
b		was the related organization a section 527 or	zation a section 527 organization?		49b						
50											
	employe	ees) who each received more than \$100,000 c	of compensation from the								
		(a) Name and title of each employee Compensation contribution (Forms W-2/1099-MISC/ benefit p			contributions benefit plans,	to employee and deferred	` ′	Estimated amount of other compensation			
NON	E							<u> </u>			
f	Total nu	umber of other employees paid over \$100,000	· · · · · · · · · · · · · · · · · · ·								
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated in \$100,000 of compensation from the organization. If there is none, en (a) Name and business address of each independent contractor		compensated independer	nt contractors w	ho each re	ceived more	than				
	\$100,00	00 of compensation from the organization. If t	here is none, enter "None	."							
	(a)	Name and business address of each independent contract	ctor	(b) T	pe of service		(0	C) Compe	ensation		
	Total nu	ımber of other independent contractors each r	eceiving over \$100,000								
		organization complete Schedule A? <b>Note:</b> All	•		 ch a						
								×	Yes		No
Unde	penalties	s of perjury, I declare that I have examined this retu	rn, including accompanying	schedules and st	atements, ar	nd to the best	of my knowled		belief, i	t is	
true, c	correct, ar	nd complete. Declaration of preparer (other than of	fficer) is based on all informa	ation of which pre	parer has ar	ny knowledge					
		JOHN B ERICKSON									
t Part  47 [ ] 48   49a [ ] 50 ( ] 51 ( ] 51 ( ] 52 [ ] Under p		Signature of officer				Date					
Her	е	JOHN B ERICKSON, TREASURER									
		Type or print name and title	Proporor's signature		ato	<u> </u>		PTIN			
Poi.	4		reparer's signature		ate		Check X if self-employed			70	
_		John B Erickson EA	EX TOTAL C 7	05	5-04-20			_P00	3552	70	
		Only					EIN P				
_ 50	,	Firm's address  2425 So Highland Salt Lake City U				Phone	no. 801 <b>-</b>	858-1	1070		
May	ho IDS o	liceuse this return with the property shows ab	1 110110			Voc	П	No.			

#### **SCHEDULE A** (Form 990)

# **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

USA TRACK & FIELD INC- USATF UTAH 31-1075314 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 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.) X A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. 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. 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 I, Type II, Type III, 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 0** (Form 990)

#### 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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public** Inspection

Name of the organization	Employer identification number				
USA TRACK & FIELD INC- USATF UTAH		31-1075314			
01. Description of other expenses (Part	I, line 16)				
DESCRIPTION	AMOUNT				
ADVERTISING & PROMOTION	45				
INVENTIGING & INGIGITARY	10				
MEETINGS	23				
NATIONAL CONVENTION	1,830				
OFFICE BYDENCES	1 201				
OFFICE EXPENSES	1,321				
LICENSES AND PERMITS	10				
SUPPLIES	102				
AWARDS BANQUET	50				
02. Description of other assets (Part II	, line 24)				
CATEGORY	BEGINNING OF YEAR	END OF YEAR			
EOLLI DMENIT	12 067	12,067			
EQUIPMENT	12,007	12,007			
03. Description of total liabilities (Pa	rt II, line 26)				
CAMPAGODY	DEGINATED OF VEAD	THE OF WEAR			
CATEGORY	BEGINNING OF YEAR	END OF YEAR			
SOUTHWEST VISA	1,441	2,131			