Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	A For the 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023						
B Check if applical		plicable:	C Name of organization D Er	nployer id	lentification number		
Address change US			USA TRACK & FIELD INC	9	1-1197128		
	Name cha	nge	Telephone number				
=	Initial retur		20	206-433-8868			
=		n/terminated	roup Exe	up Exemption			
=	Aniended retuin				Number 5062		
			·	k 🗸 if th	e organization is not		
					ach Schedule B		
				n 990).	201124410 2		
			Corporation Trust Association Other:				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ts			
			\$500,000 or more, file Form 990 instead of Form 990-EZ		E2 065		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the insti				
	ai t i		the organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received		0		
	2						
		_	ervice revenue including government fees and contracts		13,361		
	3		ip dues and assessments	3	40,313		
	4	Investment			0		
	5a		ount from sale of assets other than inventory	0			
	b		0 _	_			
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)					
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)					
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions				
è		from fundr					
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0			
	С	Less: direc	et expenses from gaming and fundraising events 6c	0			
	d	Net incom	t				
		line 6c) .		6d	0		
	7a	Gross sale	s of inventory, less returns and allowances	0			
	b		of goods sold	0			
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0		
	8	•	nue (describe in Schedule O)		291		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	53,965		
	10		d similar amounts paid (list in Schedule O)		0		
	11		aid to or for members	11	7,158		
S	12		ther compensation, and employee benefits		1,900		
Expenses	13		al fees and other payments to independent contractors		5,000		
	14		y, rent, utilities, and maintenance		0		
	15		ublications, postage, and shipping		0		
_	16		enses (describe in Schedule O)		69,035		
	17	Total expe	enses. Add lines 10 through 16	17	83,093		
_	18		(deficit) for the year (subtract line 17 from line 9)				
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with		-29,128		
SS	13		ar figure reported on prior year's return)		450.047		
Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)		158,647		
Se	20		_	12			
	21	inet assets	or fund balances at end of year. Combine lines 18 through 20	21	129,531		

Form 990-EZ (2023)

Page 2

Pai	`	,				
	Check if the organization used Schedule	O to respond to ar	•			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			158,647		129,531
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			158,647		129,531
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	· ·	,	158,647	21	129,531
Par	Statement of Program Service Accompand Check if the organization used Schedule					Expenses
\//bat	`		• .	-aπ III <u>.</u>	(Red	quired for section
		See Schedule O, Sta				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplist easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ch program title.	e services provided	, the number of	orga	anizations; optional for
28	Membership services for 3,411 athletes & officials; s		; provided website ir	fo for track &		
	field, long distance, running, race walking for all age	s, and for 90 clubs				
		includes foreign gra			28a	14,615
29	Athlete support for 994 adults & 2417 youth; conduc	ted clinics for 90 office	cials; marketing & pro	omotional		
	items giveaway					
	(O				00-	
00		includes foreign gra			29 a	52,829
30	Annual meetings: registration fees & travel stipends	for 14 delegates to U	rlando, FL; local ann	ual meeting		
	for 26 delegates					
	(Cropte \$ 0) If this amount	includes foreign are	nto obook boro		200	
21	(Grants \$ 0) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	14,181
31		includes foreign gra			31a	
		includes loreign gra	nis, check here .			ı
32	Total program service expenses (add lines 28a t	hrough 31a)	,	· · · · <u> </u>		
	Total program service expenses (add lines 28a t	hrough 31a)			32	81,625
32 Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	one even if not comp	ensated—see the in	32 nstru	81,625 ctions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not comp ny question in this I	ensated—see the in	32 nstru	81,625
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	hrough 31a) FEmployees (list each O to respond to ar	one even if not comp	pensated—see the in	32 nstruce (e)	81,625 ctions for Part IV)
Par	Total program service expenses (add lines 28a to the control of th	hrough 31a) r Employees (list each O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruce (e)	81,625 ctions for Part IV)
Pari	Total program service expenses (add lines 28a to the control of th	hrough 31a) r Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc 	81,625 ctions for Part IV)
Ron Pres	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins	hrough 31a) r Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc 	81,625 ctions for Part IV)
Ron Pres Caro	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident	hrough 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc 	81,625 ctions for Part IV)
Ron Pres Caro	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins ident I Coram	hrough 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc 	81,625 ctions for Part IV)
Ron Pres Caro Vice Paul Secr	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins I Coram President Kiehn etary	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc eee (e)	81,625 ctions for Part IV)
Ron Pres Caro Vice Paul Secr Melit	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 2.00	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc eee (e)	81,625 ctions for Part IV)
Ron Pres Caro Vice Paul Secr Melit Trea	Total program service expenses (add lines 28a to 10	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 0.50	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc ee (e)	81,625 ctions for Part IV)
Ron Pres Caro Vice Paul Secr Melit Trea Trac	Total program service expenses (add lines 28a to 10	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 0.50	one even if not compay question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc ee (e)	81,625 ctions for Part IV)
Ron Pres Caro Vice Paul Secr Melit Trea Trac Mem	Total program service expenses (add lines 28a to 11	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 2.00 2.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 11	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)
Ron Press Caro Vice Paul Secr Melit Trea Trac Mem Caro	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Atkins Ident I Coram President Kiehn etary a Aquino surer y Pleiman bership Director le Langenbach	hrough 31a)	n one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 3,861	pensated—see the interpretation of the contributions to employ benefit plans, and	32 nstruc	81,625 ctions for Part IV)

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			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		V
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		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
		35a		/
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
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		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	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		~
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
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	40e		_
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: Melita Aquino Telephone no. 7	773-48	5-1778	B
	Located at: 3770 \$ 101st Place Seates WA 98188	981	188	
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		~
	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 Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
4.4			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	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		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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-F7. See instructions	45h		./

Form 990-E2	2 (2023)						Р	age -
							Yes	No
	d the organization engage, directly or in candidates for public office? If "Yes," o							
Part VI	Section 501(c)(3) Organizations		- Faiti			· 46		<u> </u>
T all C VI	All section 501(c)(3) organization		stions 47–49b and	d 52. and c	omplete th	e tables f	or line	es
	50 and 51.	90.0		u u_, uu u	p			
	Check if the organization used Sch	nedule O to respond	to any question in	this Part V	Ι			
							Yes	No
	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Part		section 501(h) elect			tax . 47		~
48 Is t	the organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," complete	e Schedule I	E	. 48		~
	d the organization make any transfers to					. 49a		~
	Yes," was the related organization a se							
	implete this table for the organization's							d key
em	pployees) who each received more than	\$100,000 of comper	_			e, enter "N	one."	
	(a) Names and title of each appleurs	(b) Average	(c) Reportable compensation		th benefits, as to employee	(e) Estimate	d amou	int of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS(1099-NEC)	C/ benefit plan	s, and deferred			
Mana		•	1099-NEC)	COMP	ensation			
None								
		*						
	tal number of other employees paid over							
	implete this table for the organization' 00,000 of compensation from the organ			nt contracto	rs who each	n received	more	thar
	(a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)) Compensation	on	
None								
d To	tal number of other independent contra	actors each receiving	over \$100,000 .					
52 Dic	d the organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) org	ganizations	must attacl	h a		
COI	mpleted Schedule A					. 🗸 Yes		lo
	ties of perjury, I declare that I have examined this r					nowledge and	belief,	it is
true, correct,	and complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	er has any know	rledge.			
Cia-	Cimpature of offi				ata			
Sign Here	Signature of officer			D	ate			
пеге	Melita Aquino, Treasurer Type or print name and title							
		Preparer's signature		Date		1 PTIN		
Paid	Print/Type preparer's name			_ 2.0	Check self-emplo] if		
Prepare					Firm's EIN			
Use Onl	Firm's name Firm's address				hone no.			
May the IF	RS discuss this return with the preparer	shown above? See i	nstructions			. Yes		lo

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **USA TRACK & FIELD INC** 91-1197128 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).) 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% 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.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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) d 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 III, 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). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (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 A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	51,719	16,330	33,917	44,792	40,313	187,071
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	18,450	12,859	8,493	12,140	13,361	65,303
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	70,169	29,189	42,410	56,932	53,674	252,374
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						252,374
Secti	on B. Total Support						202,014
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	70,169	29,189	42,410	56,932	53,674	252,374
10a	Gross income from interest, dividends,	, , , , ,	2, 22	, -	,		- ,-
	payments received on securities loans, rents,						
	royalties, and income from similar sources	234	141	55	77	291	798
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	234	141	55	77	291	798
11	Net income from unrelated business						
	activities not included on 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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		20.005				070 475
14	First 5 years. If the Form 990 is for the	70,403	29,330 first second	42,465	57,009	53,965	253,172 5.501(c)(3)
17	organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			3. column (f))		15	99.68 %
16	Public support percentage from 2022 Sch					16	99.82 %
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	0.32 %
18	Investment income percentage from 2022					18	0.18 %
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box	_	_	-		_	_
b	331/3% support tests—2022. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=		-	-	
20	Private foundation. If the organization di	d not check a b	oox on line 14.	19a, or 19b, c	heck this box	and see instruc	ctions .

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Jecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 Part VI when and how the organization made the determination.	3b		
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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI 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 Part VI 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) 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 Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	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

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, 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 Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page 6

	(. ugo -
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income (A) Prior Year				
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		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
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		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
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		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

USA TRACK & FIELD INC	91-119/128
Form 990-EZ, Part I, Line 2 - Sanction fee income \$ 9881; Annual Dinner \$ 2514; Officiating clinics registration	n fees \$ 966
Form 990-EZ, Part I, Line 3 - Membership fees \$38,112; club fees \$2,200	
Form 990-EZ, Part I, Line 8 - Credit card rewards 244; savings interest 47	
Form 990-EZ, Part I, Line 16 - USATF Annual Meeting \$ 13,500; Web services \$ 557; Athlete support \$ 47,483;	Officials support \$ 5 346
Secretary of State fees \$ 60; IRS 1023 filing \$ 1,400; PNW Annual Meeting \$ 681; IRS 1099 fees \$ 8	
Form 000 E7 Part Line 20. Unable to recognile	
Form 990-EZ, Part I, Line 20 - Unable to reconcile	

Schedule O, Statement 1 USA TRACK & FIELD INC

Form: **Form 990-EZ (2023)** EIN: **91-1197128**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

training track & field officials; supporting track & field athletes