Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2018

OMB No. 1545-1150

Z010

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.

Open to Public Inspection

ΑF	or the	2018 calenda	ar year, or tax year beginning 01/01 , 2018, and	l ending	_	12/31	, 20	18		
В	B Check if applicable: C Name of organization D E						D Employer identification number			
	Address c	hange	72-1296962							
							suite E Telephone number			
=	Initial retur	rn n/terminated	PO Box 4695			22	5-270-3322			
=	rinai returi Amended		City or town, state or province, country, and ZIP or foreign postal code		F Grou	лр Ехе	mption			
=		n pending	Baton Rouge, LA, 70821		Nun	nber 🕨	506	52		
			✓ Cash	Н	Check I	▶ V i	f the organization	n is not		
	Vebsite	-	.usatf.org/assoc/southern	``			ach Schedule B			
JΤ	ax-exen		eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or [527	(Form 9	90, 990	0-EZ, or 990-PF)			
			☐ Corporation ☐ Trust ☑ Association ☐ Other		•					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if tota	l assets					
(Pa	rt II, coli	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$		56,582		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances			ctions		00,002		
			the organization used Schedule O to respond to any question in t	•			•	. 🔽		
	1		ons, gifts, grants, and similar amounts received			1				
	2		ervice revenue including government fees and contracts			2		0		
	3	•	ip dues and assessments			3		34,529		
	4	Investment				4		0 1,527		
	5a		bunt from sale of assets other than inventory			•				
	b		or other basis and sales expenses		0					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line	5a)		5c		0		
	6		d fundraising events:	οα,						
ne	а	Gross inc \$15,000) .	0							
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of co	ntribution						
è			aising events reported on line 1) (attach Schedule G if the							
_			ch gross income and contributions exceeds \$15,000) 6b		0					
	С	Less: direc	et expenses from gaming and fundraising events 6c		0					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	b and su	btract					
		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)			8		22,053		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		56,582		
	10		I similar amounts paid (list in Schedule O)			10		2,500		
	11		aid to or for members			11		0		
Ś	12		ther compensation, and employee benefits			12		2,200		
Expenses	13		al fees and other payments to independent contractors			13		5,708		
ber	14		y, rent, utilities, and maintenance			14		0		
X	15		ublications, postage, and shipping			15		637		
	16		enses (describe in Schedule O)			16		45,441		
	17	Total expe	enses. Add lines 10 through 16	· · ·	<u>· · ·</u>	17		56,486		
	18		(deficit) for the year (Subtract line 17 from line 9)			18		96		
ets	19		for fund balances at beginning of year (from line 27, column (A)) (m					70		
SS			ar figure reported on prior year's return)			19		83 USE		
Net Assets	20	=	nges in net assets or fund balances (explain in Schedule O)			20		83,035 0		
Š	21		or fund balances at end of year. Combine lines 18 through 20			21		83,131		
		1101 033013	or rand balances at one or year. Combine lines to through 20		. –			00,101		

Form 990-EZ (2018) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 83,035 22 22 Cash, savings, and investments 83,131 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) . . 24 0 24 0 83,035 25 25 83,131 26 Total liabilities (describe in Schedule O) 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 83.035 27 83,131 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Invitational Meets (250 athletes) Association Championship 300 athletes) JO Association Championship (400 athletes) Cross Country Meet (150 athletes) Masters Meets & Championships (100 athletes) Training (Continued on Schedule O, Statement 2) (Grants \$ 0) If this amount includes foreign grants, check here 28a 25,950 29 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here . . . 31a 25,950 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Burnett King 20.00 0 0 **President** Earlett Buckley 40.00 2,200 0 0 **Secretary** 0 Martha Brown Earls 0 **Treasurer**

Form 990-EZ (2018)

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the avaragination appear in any circuit and activity and avarianch, reported to the IDCO If "Vee " avariable		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		~
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	35b		<u> </u>
С	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		~
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 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 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		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	_		
	section 4911 \blacktriangleright 0; section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0			
b	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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	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 ▶ LA			
42a	· '		8-871	8
L	Located at ► 8321 Apple Street, New Orleans, LA 70118 ZIP + 4 ►	70	118	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	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		. 1	▶ □
44-	Did the appropriation projection and department of the department of the control		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		~
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		~
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	45b		~

Page 3

Form 99	0-EZ (2	018)							ı	Page 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on behal	f of or	in opposit	ion	Yes	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s Only s must answer que	stions 47–49b ar	nd 52, ar	nd con				ies
47	Did tl	the organization engage in lobbying of f"Yes," complete Schedule C, Par	activities or have a		tion in e		uring the	tax 4	Yes	No
48 49a b 50	Is the Did th If "Ye Comp	organization a school as described in the organization make any transfers to es," was the related organization a se colete this table for the organization's oyees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organization five highest compen	uritable related orga on?	nization' other tha	? n office	 ers, directo	. 49 . 49 ors, trus	a b ees, ar	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contril benefit		o employee nd deferred	(e) Estim other o	ated amo	
None										
f 51	Comp \$100	number of other employees paid ovolete this table for the organization',000 of compensation from the orga	s five highest compenization. If there is no	ensated independe		actors		receive		e thar
None										
d 52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A	_		. ► ganizatio	ons mu	ust attach	na . ⊳ v y	es 🗌	No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than						nowledge a	nd belief	, it is
Sign Here		Signature of officer Martha Brown Harris, Treasurer Type or print name and title				Date				
Paid Prep Use		Print/Type preparer's name Firm's name ▶	Preparer's signature		Date		Check ☐ self-emplo	if yed PTIN	I	
Mav th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See	instructions		Phon	e no.	▶ □ y	25 🗆	Nο

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Employer identification number

Name of the organization	lame of the organization Employer identification number						
	USA TRACK & FIELD INC Southern Association 72-1296962						
Part I Reason for Public Cha				.		ns.	
The organization is not a private foundation		,		-	•		
1 A church, convention of church							
2 A school described in section		•					
3 A hospital or a cooperative ho						(iii) Fratavitla	
4 A medical research organizati hospital's name, city, and stat	·e:						
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
 A federal, state, or local gover An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public	
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9 An agricultural research organ or university or a non-land-gra university:	ization described ant college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or	
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt full it income and uni	nctions—subject to corelated business taxal	ertain exc ble incom	ceptions, le (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of Īts	
11 An organization organized and	•		-				
12 An organization organized and							
of one or more publicly supp Check the box in lines 12a thro							
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same				
c Type III functionally integ						ally integrated with,	
d Type III non-functionally	. , .	•		•		orted organization(s)	
that is not functionally inte requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an		
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from th	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III	
f Enter the number of supported							
g Provide the following information	n about the supp	orted organization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	<u> </u>		, , , , , , , , , , , , , , , , , , , ,		,	
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			1	1	1	
_	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth			
Cooti	organization, check this box and stop heron C. Computation of Public Suppor	re					🕨 📙
<u>3ecu</u>	Public support percentage for 2018 (line 6			1 column (f)		14	%
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 check the box		 nd line 14 is 30	15 3 ¹ / ₃ % or more,	% check this
b	331/3% support test—2017. If the organization this box and stop here. The organization						ore, check ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, cl	neck this box a	and stop here .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a			a, or 17b, chec	k this box and	see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			` '		• •	
	received. (Do not include any "unusual grants.")	28,624	43,245	37,742	31,950	34,529	176,090
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	21,065	37,039	39,494	20,312	19,326	137,236
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	49,689	80,284	77,236	52,262	53,855	313,326
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						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)	J		,	J	-	313,326
Secti	on B. Total Support						313,320
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	49,689	80,284	77,236	52,262	53,855	313,326
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	11,000	30,200	77,220	32,232	32,023	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	0	0
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	Total support. (Add lines 9, 10c, 11, and 12.)	49,689	80,284	77,236	52,262	53,855	313,326
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon		, or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			13, column (f))		15	100 %
16	Public support percentage from 2017 Sch	nedule A, Part I	II, line 15 .			16	100 %
	on D. Computation of Investment In-						
17	Investment income percentage for 2018 (line 10c, colum	ın (f), divided b	y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2017	Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		-	_
b	331/3% support tests—2017. If the organize						
	line 18 is not more than 331/3%, check this I	_	=	•		-	_
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

CU	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		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?	5с		
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 .	6		
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 or 990-EZ).	7		
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 or 990-EZ).			
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.	8		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a		
С	Did a disqualified person (as defined in 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.	9b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	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.	11c		
Secti	on B. Type I Supporting Organizations			ı
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
2	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.			
	17 0 0	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
<u> </u>	11 3 17	1		
Secti	on 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		
2	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		
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 Part VI the role the organization's			
	supported organizations played in this regard.			
Sooti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	notru	otion	-)
	The organization satisfied the Activities Test. Complete line 2 below.	115tru	Cuons	5).
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organizations the parent of each of its supported organizations. Complete time o below.	see in	etructi	ions)
2	Activities Test. <i>Answer (a) and (b) below.</i>	000 111	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
а	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 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? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <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			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	zations	
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	(B) Current Year (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)
1 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 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		
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	_	tegrated Type III supporti	ng organization (see
instructions).	y 1111	logration Type III support	ng organization (366

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	occo c. capportoa c.ga		
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	nonsive	
Ū	(provide details in Part VI). See instructions.	ir tilo organization lo roc	Poriore	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
-	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 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

Open to Public Inspection

Employer identification number

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.

USA TRACK & FIELD INC Southern Association	72-1296962
Form 990-EZ, Part I, Line 8 - Admissions to Championship Meets and Registration fees	
Form 990-EZ, Part I, Line 10 - Presented five (5) grant/scholarships to athelete	
Form 990-EZ, Part I, Line 16 - Conventions, workshops, transportation, equipment, supplies, training	of Coaches and Officials, club and
Athelete Incentives, Award banquet.	

Schedule O, Statement 1 USA TRACK & FIELD INC

Form: **Form 990-EZ (2018)** EIN: **72-1296962**

Page: 2 Part III

Primary Exempt Purpose

Promoting programs of training & competition for all ages.

Primary Exempt Purpose

Schedule O, Statement 2 USA TRACK & FIELD INC

Form: **Form 990-EZ (2018)** EIN: **72-1296962**

Page: 2 Part III, Line 28

First Program Service Accomplishments Description

of Officials (230) Coach Education (15 coaches) Youth Rewards (300 athletes) Awards Banquet (70 athletes and parents)

Description