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SCANNED NOV 1 8 2010

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Interr	nal Reven	ue Service	L.,	► The organization may have to use a copy	of this return to satisfy state re	porting re	quirements	_		
A F	or the	2009 calend	ar year,	or tax year beginning	, 2009,	and end	ing	_		, 20
В	Check if a	applicable	Please	C Name of organization		_	D Em	iployer ic	lentı	fication number
	Address	change	use IRS tabel or	USA Track & Field Foundation, Inc.				3	7-1	433733
	Name ch	nange	print or	Number and street (or P O box, if mail is not	delivered to street address)	Room/s	uite E Te	ephone r	umb	per
=	Initial reti		type See	132 East Washington Street		800	,	31	7-2	61-0500
=	Terminat		Specific	City or town, state or country, and ZIP + 4						
=	Amended		Instruc- tions.	'				oup Exe	•	
Ш.		on pending		Indianapolis, IN 46204-3674				umber		5062
	• Sec	tion 501(c)(3)		rations and 4947(a)(1) nonexempt char					L	Cash Accrual
			a cor	npleted Schedule A (Form 990 or 990-l	=Z).		Other (spec			
						Н	Check ► L	ıf the و	orga	ınızatıon is not
1 V	Vebsi	te: ► <u>www</u>	.usatffo	undation.org		\	required to	attach S	che	dule B (Form 990,
JT	ax-ex	empt status (check o	nly one) — 🗸 501(c) (3) ◀ (insert no) 4947(a)(1) or 52	27	990-EZ, or 9	90-PF)		
K	Check	▶ ☐ if the	e organı	zation is not a section 509(a)(3) supporting	organization and its gross	s receipts	s are normal	ly not m	ore :	than \$25,000 A
í	orm 9	90-EZ or Forn	n 990 re	turn is not required, but if the organization	on chooses to file a return,	be sure	to file a con	plete re	turn	J
LA	dd line	es 5b, 6b, and 7	b, to line	9 to determine gross receipts, if \$500,000	or more, file Form 990 inste	ad of For	m 990-EZ	▶ §	 ;	655,766
_	art I			enses, and Changes in Net As				uction	s fc	or Part I)
	1			s, grants, and similar amounts recei				1		709,819
	2			evenue including government fees a		•	•	2		
	3			and assessments .	na contracts .	•		3		
	ı		•							(54.053)
	4	Investment					•	4	—	(54,053)
	5a	_		m sale of assets other than inventory				-		
	b			r basis and sales expenses.	<u>5b</u>	<u> </u>				
a	C	•	,	sale of assets other than inventory	•	,		5c		
5	6	•		ivities (complete applicable parts of Schedule	, ,	ıı ng, chec	k nere ▶ 📋			
Revenue	a				of contributions	1				
æ	1	reported o			. <u>6a</u>			_]		
	b	Less: direc	t exper	nses other than fundraising expenses	s					
	C	Net income	e or (los	ss) from special events and activities	(Subtract line 6b from	ļine 6a)		6c		
	7a	Gross sale	s of inv	entory, less returns and allowances	<u>7a</u>			_ ~ 1		
	b	Less cost	of good	ts sold	7b_			J !		
	С	Gross prof	it or (lo:	ss) from sales of inventory (Subtract	line 7b from line 7a)			7c		
	8	Other reve	nue (de	scribe ►)	8		
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	DEALTH		•	9		655,766
	10			amounts paid (attach schedule)	RECEIVED			10		528,099
	11					70		11		
တ္တ	12	Salaries, of	ther co	mpensation, and employee benefits	· NOV ·0 1 2010	8		12		153,462
Sc	13	Profession	al fees	r for members		[9]		13		26,065
xpenses	14	_				图	•	14		
X	15	Printing of	iblicati	utilities, and maintenance	OGDENT	F		15		4,936
	16	Other expe	nese (c	describe Travel, Telephone, Misce	UGUEN, U			16		39,544
	17			Add lines 10 through 16				17		752,106
_	18			for the year (Subtract line 17 from lii	no 0\			18		(96,340)
Net Assets	19			d balances at beginning of year (fro		. ((90,340)
SS	19			reported on prior year's return)	on line 27, column (A))	(must a	agree with	1 1		202 247
₹		-	_			•	•	19		383,047
Ž	20		-	net assets or fund balances (attach	•	•		20	_	45,762
	21			balances at end of year. Combine I			. •	21		332,469
	art II	Balance	Snee	ts. If Total assets on line 25, column	1 (B) are \$1,250,000 or i				id o	
				(See the instructions for Part II.)		<u> </u>	A) Beginning			(B) End of year
22		ash, savıngs,		vestments		· L		40,045		445,752
23		and and build				L			23	<u> </u>
24			describ	e ► Pledges Receivable		_,		60,000		27,000
25		otal assets	•					00,045	_	472,752
26				ribe Accounts Payable		_,		16,998		140,283
07	N.	at accepts ar	6 d h	alanges (line 27 of column (P) must	agree with line 21)	- 1		02 047	~~!	222.450

Part	III Statement of Program Service Accomp	clishments (See the instr	uctions for Part II	1.)		Expenses
What	is the organization's primary exempt purpose?	See Attachment 3				ured for section
	ribe what was achieved in carrying out the orga					(3) and 501(c)(4)
man∩	ner, describe the services provided, the number of	f persons benefited, and o	other relevant info	rmation for		(a)(1) trusts, optional
each	program title					hers)
28	Elite Athlete Programs: Contribute to the pursuit of w	vorld-class performance thro	ough grants to 20-3	0		
	athletes meeting performance, income and other critical	eria. Support USATF's Win V	With Integrity anti-d	oping		
	community outreach program with elite athletes reac	hing thousands of kids in th	eir schools.			
	(Grants \$ 157,000) If this amount i	ncludes foreign grants, ch	eck here	▶ □	28a	170,110
29	Youth Programs: Encourage a healthy drug free lifes	tyle through training grants	to 25-30 youth train	ning		
	clubs and support USATF's Mark Springer Youth Tra-	vel Grant Program, which pr	ovides travel supp	ort		
	for hundreds of youth to attend competitive opportur	nities.			ļ	
	(Grants \$ 109,090) If this amount is	includes foreign grants, ch	eck here .	▶ □	29a	114,560
30	Distance Project: A financial, marketing and promotion	onal partnership for long-ter	m development of	elite		
	USA distance athletes, so they can compete in dome-	stic and international compe	etitions. Support			
	provided through grants to seven training centers the	roughout the country.				
	(Grants \$ 262,009) If this amount i	ncludes foreign grants, ch	eck here .	. ▶ □	30a	275,108
31	Other program services (attach schedule)					
	(Grants \$) If this amount i	ncludes foreign grants, ch	eck here	. ▶ 🔲	31a	
32	Total program service expenses (add lines 28a th	hrough 31a)		>	32	559,778
Part	IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ted (See the	instruc	tions for Part IV)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contributio employee benefit		(e) Expense account and
	(a) Name and address	devoted to position	(If not paid, enter -0)	deferred comper	nsation	other allowances
Thom	nas Jackovic	Disease (40 house				
132 E	Washington St Suite 800 Indianapolis, IN 46204	Director/40 hours	111,831	4	1,631	0
See A	Attachment 4 for list of non-compensated directors					
			_			
			_			
_						
		,				
					İ	
					-	
						

Part	Other information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	05-		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		 -
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 ▶ 37a	-	9	
b	Did the organization file Form 1120-POL for this year?	37b		1
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 period covered by this return?	38a		1
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	_		j
b	Gross receipts, included on line 9, for public use of club facilities	-	; u	1
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶	,	^ \ .w; .e.we.	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior			,
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		-
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	* *	20 v	*
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. ▶ Indiana			<u> </u>
42a	The organization's books are in care of ▶ Gina Miller, USATF CFO Telephone no ▶ :	317-71	3-4681	<u> </u>
	Located at ► 132 East Washington Street Suite 800 Indianapolis, IN ZIP + 4 ►	46204	-3674	
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		Yes	No
	account)?	42b		
	If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts.			,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_✓
43	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year			► ⊔ —–
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\vdash	162	140
	Form 990-EZ	44	[1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		7
			- F7	<u> </u>

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) 47(a)(1) nonexemp nd 51.	nonexen t charitabl	npt charita le trusts m	able trusts only. A ust answer question	II sec	tion 3–49t	5
	Did the organization engage in direct or indirect		activities o	n behalf of	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete					46		✓
47	Did the organization engage in lobbying activities	s? If "Yes," complete	e Schedule	C, Part II		47		1
	Is the organization a school as described in section					48		V
	Did the organization make any transfers to an ex	•	e related or	ganızatıon?		49a		✓
	If "Yes," was the related organization a section 5					49b	لــــا	Ĺ
	Complete this table for the organization's five his							
	employees) who each received more than \$100,	(b) Title and average		Compensation			Expen	
	(a) Name and address of each employee paid more	hours per week	, I	, 00poba	employee benefit plans & deferred compensation	acc	count a	ınd
	than \$100,000	devoted to position	n		deterred compensation	otner	allowa	nces
						Ì		
	•••••••••••••••••••••••••••••••••••••••					ľ		
						1		
	Total number of other employees paid over \$100	<u> </u>	l_			<u> </u>		
	(a) Name and address of each independent contractor	paid more than \$100,000		(b)	Type of service	(c) Cor	mpensa	ition
d	Total number of other independent contractors e	each receiving over \$	\$100,000	-				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including ac of preparer (other than of	companying s ficer) is based	schedules and son all informat	statements, and to the beston of which preparer has	t of my any kno	knowle wledge	edge e
Sign Here	Duna a m	u _			10/26/1	<u>გ</u>		
	Signature of officer Cina A Miller Type or print name and title	USATE	CF6		Date '			
Paid Paid	Preparer's signature	D	ate	Check if self-	Preparer's identifying num	nber (See	— instruct	tions)
Prepare	Firm's name (or			employed ► I	<u>' </u> FIN ▶			
Use On	yours if self-employed), address, and ZIP + 4				EIN ► Phone no ►			
May the	e IRS discuss this return with the preparer shown	above? See instruc	tions			Yes		
	The state that the state that the property shows						<u> </u>	

SCHEDULE A

- (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number USA Track & Field Foundation, Inc. 37

US	T A		Foundation, Inc						37		143373		
Pa	rt I	Reasor	n for Public C	harity Status (All or	rganizati	ons mus	st comp	lete this	part.) S	ee instru	ctions	•	
The 1 2 3 4		A church, c A school de A hospital c	onvention of chi escribed in secti or a cooperative	ndation because it is urches, or association ion 170(b)(1)(A)(ii). (Al hospital service organation operated in con	of church tach Sch nization c	ches desc nedule E.) described	cribed in	section ² on 170(b)	170(b)(1))(1)(A)(iii)	(A)(i).).	I)(A)(iii)	. Ente	er the
5		hospital's na An organiza	ame, city, and s	tate [.] r the benefit of a colle									
6			,	vernment or government	ental unit	describe	ed in sect	tion 170(b)(1)(A)(v	v).			
7	√	An organiza	tion that normal	ly receives a substanti (1)(A)(vi). (Complete I	al part of			_		•	the ge	neral p	oublic
8 9		A communit An organiza receipts from support from	ty trust describe tion that normall mactivities relat mgross investn	d in section 170(b)(1) y receives. (1) more the ed to its exempt functional income and unread after June 30, 1975)(A)(vi). (0 lan 33½ % tions—st elated bu	6 of its subject to isiness ta	ipport fro certain e ixable ind	xceptions come (les	s, and (2) ss sectio) no more	than 3	31/3 %	of its
		An organiza purposes of 509(a)(3). C a Type By checking persons othe 509(a)(1) or	tion organized in one or more pure heck the box the left of the le	tify that the organiza on managers and othe).	vely for to nizations of supportion Typetion is not than on	he beneft describe orting org de III-Fund of controlle de or more	it of, to add in sect anization actionally lied direct publicly	perform (ion 509(a and con integrate otly or ind supporte	the funct)(1) or se aplete lined directly be directly be	tions of, cection 509 les 11e thi d by one or lizations de	(a)(2) S rough 1 Type more o	see se 11h III–Ot disqua d in se	ction her alified ection
f g		organization	i, check this box st 17, 2006, has	a written determinat the organization acce							e III sup 	portii 	ng
		(i) A person and (III) b (ii) A family	n who directly observed the second of the se	or indirectly controls, or rning body of the sup- erson described in (i) of of a person described	ported or above?	rganızatıo	on? .	th persor	ns descri	bed in (ii)	11g(i) 11g(ii)		No
h				ation about the suppo							[· ·9(···/	LI	
(i)		e of supported janization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the in col (i) ii	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?		Amount upport	of
					Yes	No	Yes	No	Yes	No			
		 											
Tota	ıl												

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(VI)
	tion A. Public Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	neridar year (or fiscal year beginning iii)	(a) 2003	(b) 2000	(6) 2007	(u) 2008	(e) 2009	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	327,532	392,491	418,925	625,632	709,819	2,474,399
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	327,532	392,491	418,925	625,632	709,819	2,474,399
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			م مالا مالا مالا مالا		· .	140,180
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4					<u> </u>	2,334,219
	tion B. Total Support	<u> </u>		E / X // 4 9%	1 25 40 N 2025 14 1 140	<u> </u>	2,004,210
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	327,532	392,491	418,925	625,632	709,819	2,474,399
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,293	20,071	28,833	17,457	(54,053)	16,601
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 IV.)						
11	Total support. Add lines 7 through 10 .	197.97 2.00 2.00	>	ر د	₹ \$45°, \$\$\$\$**	, , , , , , , , , , , , , , , , , , ,	2,491,000
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for organization, check this box and stop he	the organization	n's first, secor		, or fifth tax ye	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Su		ntage			<u> </u>	· · · · <u> </u>
14	Public support percentage for 2009 (line			1. column (fl)		14	94 %
15	Public support percentage from 2008 Sci	, ,,	•	. , , , , , , , , , , , , , , , , , , ,		15	89 %
	33% % support test – 2009. If the organi	•	•	on line 13, and	Ine 14 is 331/3 9	6 or more, ched	ck this box
	and stop here. The organization qualifies						▶ ☑
b	331/3 % support test-2008. If the organiz	zation did not c	heck a box on	line 13 or 16a,	and line 15 is 3	331/3 % or more,	check this
	box and stop here. The organization qua	ilifies as a publi	cly supported of	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate" Private foundation. If the organization did	acts-and-circum inces" test. The o	stances" test, c organization qua	check this box a alifies as a public	and stop here . cly supported org	Explain in Part I ganization	IV how the

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						_
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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.						
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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
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						
8	Public support (Subtract line 7c from line 6.)						
_	tion B. Total Support		r - -		,	,	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b 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 IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			<u></u>			
14	First five years. If the Form 990 is for to organization, check this box and stop to organize the stop of the stop				-	ear as a sectio	
Sec	tion C. Computation of Public Sup	pport Percer	ntage				
15	Public support percentage for 2009 (lin	e 8, column (f	divided by lin	e 13, column	(f))	15	%
16	Public support percentage from 2008 S			<u> </u>	·	16	%
Sec	tion D. Computation of Investmen	it Income Pe	ercentage			 	
17	Investment income percentage for 2009			•		17	<u>%</u> %
18	Investment income percentage from 20					18	
19a	33% % support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the support tests – 2009. If the organization of the support tests – 2009. If th	ox and stop h e	re. The organı	zation qualifies	as a publicly	supported orga	nization 🕨 🗌
þ	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions > 🗌

	orm 990 or 990-EZ) 2	2009				Page 4
Part IV	Supplementa Part II, line 17	I Information a or 17b; and	. Complete this Part III, line 12	s part to provide the 2. Provide any other	ne explanations required r additional information	by Part II, line 10; See instructions.
						
				•••••		••••••
	·····	- <i></i>				
	·····					
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••••						
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'Question: 10

Activity Grantee Address Amount Youth athletes travel to competitive opportunities USA Track & Field, Inc 132 East Washington St. Suite 800 Indianapolis, IN 46204 20,000 132 East Washington St. Suite 800 Indianapolis, IN 46204
132 East Washington St. Suite 800 Indianapolis, IN 46204
PO Box 1098 Mammoth Lakes, CA 93546
1601 Olive Street #506 Eugene, OR 97401
7710 W Sweetwater Trail Flagstaff, AZ 86001
4715 Dunnington Drive Bloomington, IN 47401
4417 Morningside Road Minneapolis, MN 55416
635 SE Taylor, #3 Pullman, WA 99163
PO Box 192 Blowing Rock, NC 28645 Anti-doping community outreach program
Post collegiate elite athlete training and travel USA Track & Field, Inc. 20,000 Mammoth Track Club 89,502 38,202 22,602 Marathon Performance Group McMillan Elite Long distance running training groups 7,101 55,801 32,000 16,801 Team Indiana Elite Team USA Minnesota Tempo Sports, LLC

Zap Fitness

Attachment 2 Form: 990-EZ

Other changes in net assets

USA Track Field Foundation, Inc. 37-1433733

Page: 1 Part: I

Question: 20

Explanation of other changes in net assets or fund balances:

45,762 Recognition of previously unrealized gains on investments (when sold)

Attachment 3 Form: 990-EZ

Primary Exempt Purpose

USA Track Field Foundation, Inc. 37-1433733

Page: 2 Part: III

Statement of organization's primary exempt purpose:

The USA Track & Field Foundation provides a means to attract and guide funds to new and innovative track & field programs and expand involvement in the sport, focusing on youth, masters, elite athletes, coaches, officials, and facilities.

Attachment 4 Form: 990-EZ Page: 2 Part: IV

(A) Name and address					(B) Trtle	(C) Compensation	benefit plans & deferred	(F) Expense account
							compensation	and other allowances
First	Last	Address	City	State	Zip			
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Willam	Banks	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	-	•
James	Beatty	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber .	•	•
Bill	Belk	132 East Washington Street Suite 800	Indianapolis IIN		46204 Board Member	nber .		
Irwin	Belk	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber		•
Robert	Betz	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	uper .		
Kımberly	Betz	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -		•
Chris	Borch	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -		•
Rudy	Chapa	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber		•
Ken	Flax	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -		
Robert	Greifeld	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -		•
Stephanie	Hightower		Indianapolis II		46204 Board Member	nber -		
Mark	James	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	,	•
Bruce	Jenner	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	1	•
Reid	Johnson	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	•	•
Pete	Kight	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	uper -	1	•
Larry	Lee	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	uper .	1	•
Paul	Ell,	132 East Washington Street Suite 800	Indianapolis IN	į	46204 Board Member	nber -		
Douglas	Logan	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	1	•
Frank	Marshall	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	1	•
Craig	Masback	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber .		
Dan	McClory	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -		
Raphael	Peck	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber .		
РШ	Plummer	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber .		
Armory Rowe	Salem	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	•	
Michael	Saltman	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	1	•
Nicholas	Sparks	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber .		
Mark	Sutton	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	•	•
Jack	Wickens	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber .		
Ashley	Wright	132 East Washington Street Suite 800	Indianapolis IN		46204 Board Member	nber -	•	

Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 of this form).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	
A corporation Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check	this box and complete
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to request an extension o
one of the i electronicall returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howey if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed ar ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ver, you cannot file Form 8866 s 990-BL, 6069, or 8870, group nd signed page 2 (Part II) of Form
Type or print	Name of Exempt Organization USA Track+ Field Foundation Inc.	Employer identification number 37 1433733
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions 132 East Washington Street Suite 800	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Check type Form 999 Form 999 Form 999	0-BL	☐ Form 4720 ☐ Form 5227 ☐ Form 6069 ☐ Form 8870
	s are in the care of Miller, CFD	~~
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until for the ▶ ॥	est an automatic 3-month (6 months for a corporation required to file For Avgust 15, 2010, to file the exempt organization return for the organization organization's return for: calendar year 20.09or tax year beginning, 20, and ending	m 990-T) extension of time named above. The extension is
2 If this to	ax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	За \$
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tains made. Include any prior year overpayment allowed as a credit.	3b \$
deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	3c \$
Caution. If yo	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845 instructions.	3-EO and Form 8879-EO

Part II	Additional (Not		lonth Extension of	of Time. (Only file	the origina	al (no cop	es need	led).	
Type or print	Name of Exempt (Organization					Employe:	dentific	ation nur	nbei
File by the extended due date for	Number, street, an	nd room or suite no.	If a PO box, see ins	structions.			For IRS u			
filing the return See instructions	City, town or post of	ffice, state, and ZIP co	ode For a foreign addres	ss, see instru	ctions		THE STATE OF		. ý	34 - ** **
Form 9 Form 9 Form 9	90-BL 🔲	Form 990-PF Form 990-T (sec Form 990-T (trus	. 401(a) or 408(a) tr st other than above	rust)	☐ Fo	orm 1041-A orm 4720 orm 5227		Form 6	8870	060
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Form 8868	3 (Rev 4-2009)	Page 2
Note. Or If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and only complete Part II if you have already been granted an automatic 3-month extension on a previous are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	ously filed Form 8868.
Part II		
Type or print	USA Track + Field Foundation Inc. 3	imployer identification number 87 1433133
File by the extended due date for	or 132 E washington St. Suite 800	or IRS use only
filing the return See instructions	s Maianapoll's IN 46204	William Control
_	ype of return to be filed (File a separate application for each return):	_
☐ Form		Form 6069
☐ Form		☐ Form 8870
Form		
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on	a previously filed Form 8868.
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		Form 8868 (Rev 4-2009)