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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2010

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 black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2010 calendar year, or tax year beginning 2010, and ending , 20 C Name of organization USA Track & Field Foundation, Inc. D Employer identification number Check if applicable Doing Business As Address change 37-1433733 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 132 East Washington Street Suite 800 317-261-0500 Initial return City or town, state or country, and ZIP + 4 □ Terminated Indianapolis, IN 46204 G Gross receipts \$ Amended return F Name and address of principal officer Thomas Jackovic Application pending H(a) Is this a group return for affiliates? Yes No Same as business address above H(b) Are all affiliates included? ☐ Yes ✓ No 501(c)(3) If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ www.usatffoundation.org 5062 H(c) Group exemption number ▶ Association ☐ Other ► L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The USA Track & Field Foundation provides a means to attract and guide funds to new and innovative track and field programs to promote competitive excellence Activities & Governance and expand involvement in the sport. Activities are primarily grant-making. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 30 Number of independent voting members of the governing body (Part VI, line 1b) 4 30 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 6 10 Total unrelated business (event) from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1) 773,940 709,819 Program service revenue (Part VIII, line 29) 9 0 0 10 Investment income (Part VIII column (A), lines 3, 4, and 7d) . (54,053) (245)Other revenue (Part VIII, column (A), lines-5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 655,766 773,695 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 528,009 412,242 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 153,462 152,463 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 70,545 69,487 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 752.106 634,192 19 Revenue less expenses. Subtract line 18 from line 12 (96,340)139,503 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 472,752 860,837 21 Total liabilities (Part X, line 26) . 140,283 388,865 22 Net assets or fund balances. Subtract line 21 from line 20 471,972 Part II Signature Block Under penalties of perjury, I deglare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Firue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge <u>una</u> <u> S</u>ign Signature of officer Anancial officer ੌੀere USATE Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check ___ if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form **990** (2010)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	<u>· · </u>
•	The USA Track & Field Foundation provides a means to attract and guide funds to new and innovative track and field progra	ms.
	with an emphasis on providing opportunities for youth athletes, emerging elite athletes, distance training centers and anti-d	
	education.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	-
		s 🗹 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		s 🗹 No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allow	
	others, the total expenses, and revenue, if any, for each program service reported.	cations to
	others, the total experience, and revenue, if any, for each program convice reported.	
4a	(Code:) (Expenses \$ 221,762 including grants of \$ 199,200) (Revenue \$	0)
	(, (, (/
	Elite Athlete Programs: Contribute to the pursuit of world-class performance through grants to 45-50 athletes meeting	
	performance, income and other criteria. Grant(s) to support coaches of elite athletes.	
4b	(Code:) (Expenses \$ 137,851 including grants of \$ 130,042) (Revenue \$	0)
		′
	Youth Programs. Encourage a healthy drug-free lifestyle through training grants to 55-60 youth training clubs. Support	
	USATF's Mark Springer Travel Grant program, which provides travel support for hundreds of youth to attend competitive	
	opportunities. Support USATF's Win With Integrity anti-doping community outreach program reaching thousands of kids in	their
	schools.	
	······································	
4c	(Code:) (Expenses \$ 77,384 including grants of \$ 73,000) (Revenue \$	0)
	Distance Project: A financial, marketing and promotional partnership for long-term development of elite USA distance athlet	es
	so they can compete in domestic and international competitions. Support provided through grants to 6 training centers	
	throughout the country.	
		-
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	T.1.1	

Part IV Checklist of Required Sc	hedules
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endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI f Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXII, and XIII is optional is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E b Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts II and IV to the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F, Parts II and IV 10 Did the organization or entry to Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedu				1	1
3 Did the organization engage in direct of indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smillar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 7 Did the organization maintain collections of works of arth, Instorcal treasures, or other smillar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization repair an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide circlett counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III. 9 Did the organization depote an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 10 Did the organization report an amount for investments—other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11 Did the organization separate or consolidated financial statements for the tax year? If "Yes," and if the particular or the part of the part of the part of the organization maintain an office, employees, or agents outside of the United States? 12	1		1	1	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Fee," complete Schedule C, Part II . 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yes," complete Schedule C, Part II . 6 Did the organization maintain any donor advised funds or any similar funds or accounts If "Fee," complete Schedule C, Part II . 7 July 10 the organization report and arount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide advise on the distribution of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II . 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . 9 Did the organization report an amount for line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . 10 Did the organization organization service organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V . 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . 11 If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI . 11 If the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X . 11 If U / U in the organization report an amount for other liabili		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
5 Is the organization a section 501(c)(a), 501(c)(b), or 501(c)(d) regalization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part VI. 9 Did the organization (incretity or through a related organization, hold assets in term, permanent, or quasient own organization and the part X, line 10; If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI. If the organization is report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part VIII. 9 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 10 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for other liabilities in Part X, line 18; that is 5% or	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI. If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, IVII, VIII, IX, or X as applicable. Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. Did the organization report an amount for other lasbilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. Did the organization oreport an amount for other lasbilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XIII. Did the organization obtai	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
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f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a 19 V 20a 10 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a 10 The organization operate one or more hospitals? If "Yes," complete Schedule H 20 10 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate One or more hospitals?		Schedule D, Parts XI, XII, and XIII	12a	✓	
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operate one or more hospitals? If "Yes," complete Schedule H organization operat			13		$\overline{}$
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organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H. 20 a Did the organization attach its audited financial statements to this return? Note. Some		business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H In the organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete Schedule H The organization operate one or more hospitals? If "Yes," complete		organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		✓
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
If "Yes," complete Schedule G, Part III		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	9	If "Yes," complete Schedule G, Part III	19		√
5 000 m	20 a		20a		✓
	b 		20b		

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		·
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ √
b	Is the organization 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	25b		· •
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		X.	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		→
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		▼
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>*</u> ✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>·</u> ✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u></u>
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	_	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form 99	90 (2010)			Page
Part				
	Check If Schedule O contains a response to any question in this Part V	• •		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48	r—	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- ``	<u> </u>	 -
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			'
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		i	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		•	١.
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ►			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		-
- Ou	organization solicit any contributions that were not tax deductible?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2 4 4		*
	and services provided to the payor?	7a	1	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		3	*
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
O	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		 -
9	Sponsoring organizations maintaining donor advised funds.		4	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Travar and the traditions for additional information the organization flust report on delicution.	- 1		I

Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a

13b

13c

Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in	Sche	∍dule
	O. See instructions. ' Check if Schedule O contains a response to any question in this Part VI			
Sacti	on A. Governing Body and Management	· · ·	<u> </u>	<u> </u>
00011	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 30		#10.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		~ ~) ~ !
	any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		/
8	the year by the following:			
•		<i>"</i> "	<i></i>	
a b	The governing body?	8a 8b	V	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.)	<u> </u>
			Yes	No
10a		10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
_	form?	11a	- other ex	√
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7*5		السنشا
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		✓
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	21-32 1-1-32		
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		✓
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		8.1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	ş.,	7	<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16h	<u> </u>	
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only) ava	lable
	for public inspection. Indicate how you make these available. Check all that apply.		,	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	ınter	est pr	olicy,
	and financial statements available to the public.		•	
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Figure 132 East Washington Street Suite 800 Indianapolis, IN 46204 Phone: 317-713-4681	of the		
	5 and minor the East reasonington derect dance due maidinapolis, lik 70207 (11016, 317-713-4001			

Form 990 (2010)	om	990	(2010)
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Part VII	Compensation of Officers, I	Directors, Trustees,	Key Employees,	Highest Compensated Employe	es,
	and Independent Contracto	rs			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."

Check this box if neither the organization por any related organization compensated any current officer, disc

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	1	d org	aniz			ompe	nsa			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d		k all	that ap		Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) William Banks	0	,								
Director Palls		✓	\vdash		├					
(2) Wılliam Belk	0	,								
Director		✓			<u> </u>		_			
(3) Irwin Belk	0	,								
Director		✓			lacksquare					· · · · · · · · · · · · · · · · · · ·
(4) Robert Betz	0				1					
Director		✓								
(5) Kimberly Betz	0									
Director		✓								
(6) Christopher Borch	0									
Director		✓								
(7) James Broadhurst	0									
Director		✓								
(8) Louis Carr	0									
Director		✓						_		
(9) Rudy Chapa	0									
Director		✓								
(10) Joseph Fabris	0									
Director	0									
(11) Robert Greifeld										
Director	0	✓								
(12) Stephanie Hightower										·
Director	0	✓								
(13) Mark James										
Director	0	1								
(14) Bruce Jenner										
Director	0	✓							i	
(15) Reid Johnson										
Director	0	1		ĺ						
(16) Peter Kight										
Director	0	1							ì	

Name and title Average Position (check at that sept) Reportable Compression complement on mount of other or mixed Case C	Part VII		stees, Key	Empi	oyee	es, a	ana	High	est	Compensated	Employee	s (cont	inued)
Pour part Pour		(A) Name and title		Positi	ion (d		-	that an	(vla		1	ble	
Torector 10		·	hours per week (describe hours for related organizations in Schedule	 _	_	_	1	r -		compensation from the organization	compensation related organizat (W-2/1099-	on from d ions	amount of other compensation from the organization and related
(16) Antonio Manning Director	3	illy	0						-				
Director (20) Graig Masback Director (21) Michael Matte Director (22) Daniel McClory Director (22) Daniel McClory Director (22) Daniel McClory Director (22) Edward Plummer Director (23) Edward Plummer Director (24) Amory Rowe Salem Director (26) Michael Saltman Director (27) Mark Sutton Director (28) Jack Wickens Director (29) Wicholas Sparks Director (20) Wicholas Sparks Director (21) Wicholas Sparks Director (27) Mark Sutton Director (28) Jack Wickens Director Director Director Director Director Director		io Manning		-					-				
(19) Frank Marshall Director (20) Craig Masback Director (21) Michael Matte Director (22) Daniel McClory Director (23) Edward Plummer Director (24) Amory Rowe Salem Director (25) Michael Saltman Director (26) Nicholas Sparks Director (27) Mark Sutton Director 10 V 10 0 0 11 Sub-total 1 Total from continuation sheets to Part VII, Section A 11 Total (add lines to and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of proparbable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 July person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. (a) Description of services (b) Description of services (c) Compensation (c) Compensation from the organization.	~	io wanning	0										
Director		Marshall	_	Ť-									
Director	Director		0	1									
Carried Mark Carr	(20) Craig	Masback	0										
Director (22) Daniel McClory Director (23) Edward Plummer Director (24) Amory Rowe Salem Director (25) Micholas Satinan Director (26) Nicholas Sparks Director (27) Mark Sutton Director (28) Jack Wickens Director 1b Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ilist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization or reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person Yes No Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	Director			✓									
222 Daniel McClory 0		el Matte	0										
Director 23] Edward Plummer				✓					<u> </u>				
223 Edward Plummer 0		McClory	0										
Director (24) Amory Rowe Salem Director (25) Micholas Sparks Director (27) Mark Sutton Director (28) Jack Wickens Director 10		d Plummer							\vdash				
224 Amory Rowe Salem 0	3		0	1								-	
Compensation Com		Rowe Salem	_					_			· · · · · · · · · · · · · · · · · · ·		
Director [26] Nicholas Sparks Director	Director		0	✓									
Director 27 Mark Sutton 0	(25) Michae	el Saltman	0										
Director [27] Mark Sutton Director [28] Jack Wickens Director 1b Sub-total □ Total from continuation sheets to Part VII, Section A □ Total (add lines 1b and 1c) □ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual □ Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual □ Total number of individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Compensation from the organization or individual listed on the organization or individual listed on the organization? If "Yes," complete Schedule J for such person Compensation from the organization or individual listed on the organization or individual listed on the organization or individual listed	Director		•	✓									
27) Mark Sutton Director D	2	las Sparks	0										
Director 28) Jack Wickens 0				/									
28) Jack Wickens Director D	J	Sutton	0					i					
Director 1b Sub-total .		Vickens		_							 .		····
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who	3		0	1									
Total (add lines 1b and 1c). Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who	1b Su	b-total							•	0		0	0
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reportable compensation from the organization ► 1 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		tal (add lines 1b and 1c)							▶	121,612		0	22,466
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) (C) (C) (C) (Description of services 2 Total number of independent contractors (including but not limited to those listed above) who	. •			to th	ose	list	ed a	above	e) wl	ho received mo	ore than \$1	00,00	0 in
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	rep	portable compensation from the organi	zation ► 1										150 150
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												ensate	d 3
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	org	ganization and related organizations	greater tha	an \$1	50,0	000	? If						h
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5 Did	d any person listed on line 1a receive of	r accrue co	mper	ısat	ion	fron						al 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who		- ··- ·- ·- · · · · · · · · · · · · · ·	11 103, 0	ompie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0011	cau	10 0 1		acri person .	• • •	<u>· · · </u>	5 7
compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			ompensate	ed ind	epe	ende	ent d	contra	acto	ors that receive	d more tha	n \$10	0.000 of
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			·		•								•
			ess								ervices		
received more than \$100,000 in compensation from the organization ▶ 0									the	ose listed abo	ve) who		

Pari	t VIII	Statement of Revenue					
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns 1a					
tributions, gifts, grants other similar amounts	ь	Membership dues 1b					
9 E	С	Fundraising events 1c					
ifts ar a	d	Related organizations 1d					
s, g	е	Government grants (contributions) 1e			•		
Si Si	f	All other contributions, gifts, grants,				1	
her		and similar amounts not included above 1f	723,415				1
	g	Noncash contributions included in lines 1a-1f: \$	50,525				
Contributions, and other simi	h	Total. Add lines 1a-1f		773,940			
			Business Code			· · · · · ·	
Ē	2a					 	
æ.	b						
<u>:</u>	С						-
ē	d			·			
E	e						
Program Service Revenue	f	All other program service revenue.					
Pro	g	Total. Add lines 2a-2f	▶	0	-	1	
	3	Investment income (including divide	ends, interest,				
		and other similar amounts)		(245)			
	4	Income from investment of tax-exempt be	ond proceeds ►		-		
	5	Royalties	▶				
		(ı) Real	(II) Personal	. Š.G.,		_~_\$	8 4
	6a	Gross Rents			1	3	
	b	Less: rental expenses				ì	4
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(II) Other		~~~		y j
		assets other than inventory					,
	b	Less: cost or other basis					
		and sales expenses .			-3	sade \$2.50	
	С	Gain or (loss)			*	<u>.</u>	<u> </u>
	d	Net gain or (loss)	<u> </u> ▶		*		
ine	 8a	Gross income from fundraising			* **	ď	
/en		events (not including \$, , , , ,		
Other Reven		of contributions reported on line 1c).				•	,
P-		See Part IV, line 18 a					
Ě	ь	Less: direct expenses b		18 67.	` **	\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. 2 *
O	c	Net income or (loss) from fundraising	events . ►		^-4	 	
		Gross income from gaming activities.					-
		See Part IV, line 19 a					
	b	Less: direct expenses b				<u>«</u>	
	С	Net income or (loss) from gaming acti	vities ►			**************************************	· · · · · · · · · · · · · · · · · · ·
	10a	Gross sales of inventory, less			·····		
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory 🕨		· · · · · · · · · · · · · · · · · · ·		
		Miscellaneous Revenue	Business Code				
	11a						•
l	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶ [773,695			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	203,042	203,042		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	209,200			٦, ,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				·
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	121,612 17,088		6,081 854	103,370
۵	<u> </u>	5,378			14,525
9 10	Other employee benefits			269	4,571
10	Payroll taxes	8,385	839	420	7,126
11	Fees for services (non-employees):				
a	Management				
b	Legal				
С	Accounting	8,300		8,300	
ď	Lobbying			8.	
e	Professional fundraising services. See Part IV, line 17		(A. (4.7)	· \$8	
f	Investment management fees				
g	Other	13,210	661	661	11,888
12	Advertising and promotion				
13	Office expenses	3,810	191	96	3,523
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	24,285			24,285
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				A A
а	· •		· · · · · · · · · · · · · · · · · · ·		. * *
b					
C					
ď					
e			-	"	 -
f	All other expenses Miscellaneous	19,882	6,096	5,514	8,272
	Total functional expenses. Add lines 1 through 24f	634,192			
<u>25</u> 26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	034,192	434,437	22,195	177,560

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	445,752	1	478,187
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	27,000	3	162,000
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			١,
ts	6	Schedule L	}- '* '*	5 6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	220,650
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	>		
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	472,752	16	860,837
	17	Accounts payable and accrued expenses	140,283	17	352,365
	18	Grants payable	· · ·	18	36,500
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		`	,
=		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	140,283	26	388,865
ces		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.		* 64	
<u>a</u>	27	Unrestricted net assets	272,702	27	102,205
Ва	28	Temporarily restricted net assets	59,767	28	169,767
2	29	Permanently restricted net assets		29	200,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	*		* *
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-ın or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	332,469	33	471,972
_	34	Total liabilities and net assets/fund balances	472,752	34	860,837

Form **990** (2010)

Form	ከሰሰ	1201	n
Form	990	120	u

Page **12**

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77	3,695
2	Total expenses (must equal Part IX, column (A), line 25)	2		63	4,192
3	Revenue less expenses. Subtract line 2 from line 1	3		13	9,503
4		4		33	2,469
5		5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
		6		47	1,972
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			ì	
	If the organization changed its method of accounting from a prior year or checked "Other," explassion of schedule O.	ın ın		*	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	,	√
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account	int?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain	ıin in		3	*
	Schedule O.		* %		* * .
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were		* , *	[4]
	issued on a separate basis, consolidated basis, or both:				* ; *
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		***	د ؛ تدخد .	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	ts	3b		
			Forn	n 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

USA	Track & Field Fou	ndation, Inc.		_					37-14	133733
Pa	rt I Reason	for Public Cha	rity Status (All orga	anization	s must	complet	e this pa	art.) See	instruction	ons.
The	organization is no	t a private found	ation because it is: (Fo	or lines 1	through	11, checl	conly on	e box.)		
1	A church, co	nvention of churc	ches, or association of	f churche	s describ	ed in se	ction 170)(b)(1)(A)((i).	
2	☐ A school des	cribed in section	170(b)(1)(A)(ii). (Atta	ch Sched	lule E.)					
3	A hospital or	a cooperative ho	spital service organiz	ation des	cribed in	section	170(b)(1)	(A)(iii).		
4			on operated in conjur						'0(b)(1)(A)	(iii). Enter the
	hospital's na	me, city, and stat	te:							
5		ion operated for b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	d by a go	vernmen	tal unit described in
6			rnment or government	tal unit de	scribed	in section	a 170(b)/	11/81/61		
7			receives a substantia						nit or from	n the general nublic
)(A)(vi). (Complete Pa		no oupp	011 110111	a govern	incina a	1111 01 1101	ii the general public
8			in section 170(b)(1)(A	•	mplete P	art II.)				
9	_		receives: (1) more th				om conti	ributions	members	shin fees, and arose
_	receipts from	activities relate	d to its exempt func	tions—su	biect to	certain e	xception	s and (2) no mor	e than 331/3% of its
	support from	gross investme	ent income and unre	lated bu	siness ta	axable in	come (le	ss section	n 511 ta	x) from businesses
			after June 30, 1975. S							,
10	☐ An organizati	on organized and	d operated exclusively	to test fo	or public	safetv. S	ee sectio	on 509(a)	(4).	
11			nd operated exclusiv							or to carry out the
	purposes of	one or more pul	olicly supported organ	nizations	describe	d in sect	tion 509(a)(1) or s	ection 50	9(a)(2). See section
			describes the type of							
	a 🗌 Type			□ тур						Type III-Other
е	☐ By checking		that the organization							
	other than fo	undation manage	ers and other than on	e or more	e publich	/ support	ed organ	nizations	described	l in section 509(a)(1)
	or section 50				•	• • •	Ŭ			
f	If the organia	zation received	a written determination	on from	the IRS	that it is	а Туре	I, Type	II. or Tvp	e III supporting
		check this box								🗀
g	Since August following pers		he organization acce	pted any	gift or c	ontributio	on from a	any of the	€	
	(i) A person	who directly or i	ndirectly controls, eit	her alone	or toge	ther with	persons	describe	d in (u) ar	nd Yes No
	(iii) below,	, the governing b	ody of the supported	organizat	ion?		٠			11g(i)
			on described in (i) abo							11g(ii)
			a person described in							11g(iii)
h			on about the support							9(/
(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Amount of
	organization		(described on lines 1–9		sted in your document?		nization in	organizat	tion in col	support
			above or IRC section (see instructions))	governing	document		of your port?		zed in the S?	
				Yes	No	Yes	No	Yes	No	
(A)										
		 		-	 	-	 		 	
(B)										
(C)										
							_			
(D)								ļ		
(E)										
	_	4 12 14	24-32 20 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	i men	44.5	3 7412	£15		ò	
Total		2 / 1		1	1					

Part							
	(Complete only if you checked the						alify under
Sect	Part III. If the organization fails to ion A. Public Support	quality unde	er the tests lis	stea below, p	iease compie	ete Part III.)	
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	392,491	418,925	625,632	709,819	773,940	2,920,807
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	392,491	418,925	625,632	709,819	773,940	2,920,807
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)	₩÷	's *				141,343
6	Public support. Subtract line 5 from line 4.					- 2	2,779,464
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	392,491	418,925	625,632	709,819	773,940	2,920,807
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,071	28,833	17,457	(54,053)	(245)	12,063
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			2.00	, (Max -	***	2,932,870
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		•	ear as a section	` ' ' '
<u>Secti</u>	on C. Computation of Public Suppor						
14 15 16a b	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch 331/3% support test—2010. If the organization qual 331/3% support test—2009. If the organicheck this box and stop here. The organicheck this box and stop here.	nedule A, Part I zation did not d lifies as a publi lization did no	I, line 14 . check the box cly supported t check a box				. ▶ ☑
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumstar mstances" tes	nces" test, che	ck this box and tion qualifies a	d stop here. E as a publicly su	ine 14 ıs xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	ion meets the eets the	"facts-and-cir -and-circumst	cumstances" tances" t	test, check thi ne organization	is box and sto	and line p here. publicly
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,			this box and s	. ▶ □

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

USA 1	rack & Field Foundation, Inc.		37-1433733
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Fuorm 990, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject	t to the organization's exclusive legal con	trol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gr	
	only for charitable purposes and not for the		
	conferring impermissible private benefit? .	<u> </u>	· · · · · · · □ Yes □ No
Par	t II Conservation Easements. Comp	lete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held to	by the organization (check all that apply).	
	Preservation of land for public use (e.g., r	recreation or education) Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer	• • • • • • • • • • • • • • • • • • • •	
d	Number of conservation easements include	·····	
_	historic structure listed in the National Regist		
3	Number of conservation easements modified	i, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4 5	Number of states where property subject to		
5	Does the organization have a written poli violations, and enforcement of the conservat		•
6	Staff and volunteer hours devoted to monitor		
U	Stair and volunteer flours devoted to mornitor	ing, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation ea	sements during the year
•	►\$	inspecting, and emorcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
-	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization re		
_	balance sheet, and include, if applicable, the		
	organization's accounting for conservation ea	asements.	
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other s	•	
	public service, provide, in Part XIV, the text of	f the footnote to its financial statements the	nat describes these items.
b	If the organization elected, as permitted un	the state of the s	
	works of art, historical treasures, or other s		education, or research in furtherance of
	public service, provide the following amounts	_	
	(i) Revenues included in Form 990, Part VIII,		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works		- · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported ur		
a	Revenues included in Form 990, Part VIII, line	•1	> \$
b	Assets included in Form 990, Part X		• \$

Part	Organizations Maintaining										
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, che	ck any of th	e follov	ving that are a	sigr	nificant	use	of its
а	☐ Public exhibition		d	□ Lo	an or excha	nae pro	arams				
b	☐ Scholarly research		e								
C	Preservation for future generation	ins		_ 0.				-			
4	Provide a description of the organiza		and expl	ain how	thev further	the ora	anization's ex	empi	t purpo	ose ir	n Part
•	XIV.		arra onpi	u 11011	and randi	1110 019	arnzanon o oxi	حرو	. 6-,60	,00	
5	During the year, did the organization	solicit or receive	donatio	ns of art.	historical t	reasures	s. or other sim	ılar			
•	assets to be sold to raise funds rather								Пу	ء ر	□No
Part	IV Escrow and Custodial Arra			-	-						
T CIT	line 9, or reported an amour				garnzanon	u	700 10 1	• • • • • • • • • • • • • • • • • • • •	555,		,
1a	Is the organization an agent, trustee				or contribut	tions or	other assets	not			
	included on Form 990, Part X?								□Ye	s F	□No
b	If "Yes," explain the arrangement in P	art XIV and compl	ete the f	ollowina	table:				_	_	
								Amo	ount		
С	Beginning balance					1c		_	-		
d	Additions during the year					1d	 -				
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount								☐ Ye	s	□No
b	If "Yes," explain the arrangement in P										
Par			zation a	nswered	"Yes" to F	orm 9	90, Part IV, lir	ne 1	0.		
	·	(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years ba	ick	(e) Four	years	back
1a	Beginning of year balance	0		C							#
b	Contributions	200,000		C		0					
С	Net investment earnings, gains, and										
	losses	0		C							接。
d	Grants or scholarships	0		•		0					職
е	Other expenditures for facilities and										
	programs	0)	0	() 3 34 3		F 199		建
f	Administrative expenses	0									
g	End of year balance		<u> </u>			0	STATE OF		1.03	4	
2	Provide the estimated percentage of t			as:							
а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶										
C	Term endowment ▶ %										
3a	Are there endowment funds not in the	e possession of th	ne organ	ization th	at are neid	and adi	ministered for	tne	г		
	organization by:								$\overline{}$	Yes	No
	(i) unrelated organizations							•	3a(i)		/
_	(ii) related organizations							•	3a(ii)		✓
b	If "Yes" to 3a(ii), are the related organ							•	3b		Щ
4	Describe in Part XIV the intended uses										
Part							т				
	Description of investment	(a) Cost or ot (investme		1 ' '	or other basis other)		Accumulated preciation		(d) Bool	(value)
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other										
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part .	X, colum	n (B), line 10)(c).) .	▶				

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(;	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		- 	-	
(H)				
(I)	4)			
	(b) must equal Form 990, Part X, col. (B) line 12)		<u></u>	
Part VIII	Investments – Program Related	J. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)	45 45 45 45 45		afa Daggers	
	(b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
(1)				
(2)				
(3)		<u> </u>		
(4)				
(5)				
(6)	··			
_(7)				
(8)				
(9)				
(10)	man (h) must squal Form 000. Dort V. sa	ol (D) line 1E)		
Part X	mn (b) must equal Form 990, Part X, co		<u> </u>	
Part A 1.	Other Liabilities. See Form 990, (a) Description of liability	(b) Amount	1	
	income taxes	(b) Amount	-	
	income taxes			
(2)			4	
(4)			4	
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·	4	
(7)	-		4	
(8)				
(9)			·	
(10)			1	
(11)			4	
	(b) must equal Form 990, Part X, col. (B) line 25.)		1	
rutai. (COW/NN)	(u) must equal Fullit 330, Fall A, Col. (b) line 25.) 🚩			

4	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
1	Total revenue (rotti 990, Fatt viii, Column (A), line 12)		773,695
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	634,192
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	139,503
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	139,503
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	799,293
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	8	
С	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV.)	_ ^	
е	Add lines 2a through 2d	20	25,598
3	Subtract line 2e from line 1	3	773,695
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	٠, ١	. «
C	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part :		er F	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	40-4	ş
а.	Donated services and use of facilities	8 🖏	
b	Prior year adjustments	* 4	
C	Other losses	7	
ď	Other (Describe in Part XIV.)	٦٠.	
e	Add lines 2a through 2d	26	25,598
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	1	
	Add lines 4a and 4b	40	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			
Compl Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also corlditional information.		
	Line 4: Funds distributed from the endowment shall be used for elite grants for men and women track atle	nletes	in the throwing events

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

USA Track & Field Foundation, Inc.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

ion answered "Yes" to Form 990, Part IV, line 21 or 22.

2010

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 37-1433733

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

%□ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Describe in Dart IV the Part I

			L
Z Describe in Part IV tile organization s procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II	can be duplicated if additional space is needed

call be duplicated if additional space is needed:	dullollal space	is needed.					· · · · · · · · · · · · · · · · · · ·
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Mammoth Track Club PO#1098 Mammoth Lakes, CA 93546	26-3877126	501(c)(3)	19,000				Train/Compete LDR
(2) Team USA Minnesota 4417 Morningside Minnea, MN 55416	41-1994677	501(c)(3)	24,450				Train/Compete LDR
(3) USA Track & Field, Inc. 132 E Washington Indy, IN 46204	35-1475847	501(c)(3)	40,000				Youth Travel/Educa
(4) Team Indiana Elite 4715 Dunnington, Blmngtn, IN 47401	26-0740612	501(c)(3)	8,300	:			EliteLDR Ath Train
(5) Bay Area Track Club 8080 Earl St. Oakland, CA 94605	94-2524840	501(c)(3)	11,000				Train/Compete LDR
(6) Team USA Arizona 7710 W Sweetwtr Flgstaff, AZ 86001	26-1436134	501(c)(3)	18,300				Train/Compete LDR
(7) ZAP Fitness PO#192 Blowing Rock, NC 27645	56-2275993	501(c)(3)	7,150				Train/Compete LDR
(8)							
(6)							
(10)	; ;						
(11)	1						
(12)							
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	501(c)(3) and gov ganizations	ernment organiza	tions				7

Schedule I (Form 990) (2010)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Fo	Schedule I (Form 990) (2010)					Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	viduals in the Ur space is needed.	nited States. Comp	plete if the organiza	ation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Coachi	1 Coaching Support	1	10,000			•
7						
က						
4						
2						
9						
7						
Part IV Grant requ	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Grant requests are reviewed by committees of Board members and approved based on selection criteria. Grant application requires comprehensive financial data and information about	e this part to proving the standard approved	vide the information based on selection cr	required in Part I, iteria. Grant applicatio	line 2, and any other add	ditional information. nancial data and information about
other sour	other sources of support to insure that funds are directed consistent with grant criteria	consistent with gra	ant criteria.			
						Schedule I (Form 990) (2010)

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ▶ See the Instructions for Form 990.

Internal Revenue Service Name of the Organization

Employer identification number

USA Track & Field Foundation, Inc. 37 1433733 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

Employees										
(A)	(B) Average hours per week	(C)						(D) Reportable	(E) Reportable	(F) Estimated
Name and title		Position (check all that apply)								
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Ashely Wright Director	0	1	-							
Kenneth Flax Director	0	1								
Thomas Jackovic Director	40					1		121,612	0	22,466
								-		
				_						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Employer identification number Name of the organization 37-1433733 USA Track & Field, Inc. Part I **Types of Property** (c) (d) (a) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art 1 2 Art - Historical treasures . . . 3 Art - Fractional interests . . 4 Books and publications . . 5 Clothing and household goods Cars and other vehicles . . . 6 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded . . 1 2 50,525 Stock Market Securities-Closely held stock . 10 Securities-Partnership, LLC, 11 or trust interests Securities - Miscellaneous . . 12 Qualified conservation 13 contribution - Historic structures Qualified conservation contribution-Other . . . Real estate - Residential . . . 15 16 Real estate-Commercial . . Real estate-Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ► (Other► (26 Other ► (_____) 27 28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a ✓ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 1 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

USA Track & Field Foundation, Inc.

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 990-EZ.

Employer identification number 37-1433733

Form 990 Part VI Section B Line 11b: Form 990 is prepared by USA Track & Field's Chief Financial Officer and reviewed by the USATF
Foundation's Executive Director and Finance Committee prior to final approval and filing with the IRS.
Form 990 Part VI Section C Line 19: Governing documents, conflict of interest policy, and financial statements are made available to the
public upon request.
······································