Form 990-EZ			Short Form	OMB No. 1545-0047	
		0-EZ	Return of Organization Exempt From Income Ta	2019	
		-	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fo	<u> </u>	
					Open to Public
_			▶ Do not enter social security numbers on this form, as it may be made publ	lic.	Inspection
Depa Interr	rtment of nal Reven	the Treasury ue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information	n. 1912	mspection
A F	or the 2	2019 calenda	ar year, or tax year beginning JAN 1 , 2019, and ending	DEC 3	1 ,20 19
Вс	heck if app	plicable.	C Name of organization		dentification number
_	lddress ch	-	USA TRACK AND FIELD SOUTH CAROLINA ASSOCIATION		4-31107537 31-1075
=	lame char ndal retum	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone r	number
=		√terminated	1140 WILDSHALL RD City or town, state or province, country, and ZIP or foreign postal code		43-617-8425
	Vmended r	return	(9 시	F Group Exe	
	pplication		DARLINGTON, SC 29540	Number	0002
	iccounti /ebsite:	ing Method:			If the organization is not tach Schedule B
				•	10-EZ, or 990-PF).
			Corporation ☐ Trust ☑ Association ☐ Other		
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	assets	
			8500,000 or more, file Form 990 instead of Form 990-EZ	▶ ;	B 111,740
P	art · i	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ir	nstruction	
			the organization used Schedule O to respond to any question in this Part I		
	1	Contributio	ons, gifts, grants, and similar amounts received	1	27,420
	2	Program s	ervice revenue including government fees and contracts	2	
	3	Membersh	ip dues and assessments	3	
	4	Investmen	tincome	4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		1
	b		or other basis and sales expenses		
	С	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	<u>5c</u>	
	6	_	nd fundraising events:		
0	a	\$15,000)	ome from gaming (attach Schedule G if greater than		
Revenue	ь		ome from fundraising events (not including \$ of contributions		
Š			raising events reported on line 1) (attach Schedule G if the	' I	
Œ			the second income and contributions average \$15,000	34,319	
	C			71,033	-
	d		e or (loss) from garning and fundraising events (add lines 6a and 6b and subt		
		line 6c)		· · 6d	13,286
	7a	Gross sale	es of inventory, less returns and allowances		
	b		of goods sold		
	C		fit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. > 9	40,706
	10		d similar amounts paid (list in Schedule O)	7. 10	
۰,	11	•	and to of for morning is	0 11 12	
Ses	12 13		nal fees and other payments to independent contracts. NOV 27 2020	$0 \cdot \frac{12}{13}$	<u> </u>
Expenses	14		y, rent, utilities, and maintenance	2 14	
EX	15	•		15	
_	16		ublications, postage, and shipping	16	25,793
	17		enses. Add lines 10 through 16	. > 17	25,793
<i>(</i>)	18		(deficit) for the year (subtract line 17 from line 9)	18	14,913
set	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree		
Net Assets		end-of-ye	ar figure reported on prior year's return)	- 19	90,983
Jet	20		nges in net assets or fund balances (explain in Schedule O)		
	21		s or fund balances at end of year. Combine lines 18 through 20	. 🕨 21	105,896
For	Papen	work Reduc	tion Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2019)

Pa	rt IF	Balance Sheets (see the instructions for	r Part II)				
		Check if the organization used Schedule C	to respond to an	y question in this	Part II		<u> </u>
					(A) Beginning of year		(B) End of year
22	C	ash, savings, and investments		[84,873	22	100,951
23	Lá	and and buildings		[23	
24	0	ther assets (describe in Schedule O)		[6,161	24	6,943
25	T	otal assets		[91,034	25	107,894
26	T	otal liabilities (describe in Schedule O)	<i>.</i>		51	26	2,000
27	N	et assets or fund balances (line 27 of column (l	B) must agree with	line 21)	90,983	27	105,894
Par	t III	Statement of Program Service Accompl	ishments (see the	e instructions for	Part III)		
		Check if the organization used Schedule C	to respond to an	y question in this	Part III 🗌		Expenses
Wha	t ıs t	he organization's primary exempt purpose?	_				quired for section (c)(3) and 501(c)(4)
as m	neas	the organization's program service accomplish ured by expenses. In a clear and concise mai benefited, and other relevant information for eac	nner, describe the	its three largest personners of the services provided	orogram services, d, the number of	orga	anizations, optional for ers.)
28	201	9 SOUTH CAROLINA YOUTH TRACK AND FIELD CI	HAMPIONSHIP				
	<u> </u>		icludes foreign gra	nts, check here	▶ ⊔_	288	10,248
29	201	9 SOUTH CAROLINA YOUTH CROSS COUNTRY CH	IAMPIONSHIPS			1	
						ł	
		ants \$) If this amount in		nts, check here .	<u></u> ▶ <u>⊔</u>	298	717
30	201	9 SOUTH CAROLINA REGIONAL CHAMPIONSHIPS				ļ	
						1	
			::			l	
	-		icludes foreign gra			30	15,526
31		, ,					1
			ncludes foreign gra			318	
		tal program service expenses (add lines 28a th				32	77,000
Par	t IV						
		Check if the organization used Schedule C		(c) Reportable	Part IV		<u> </u>
		(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS) (if not paid, enter -0-	contributions to employ benefit plans, and) Estimated amount of other compensation
BRIA	ו או	ORDAN					
PRE	SIDE	NT	1				
TAM	DE	NIS				-	
VICE	PRI	ESIDENT	1				·····
SUS	AN V	VHATLEY					
SEC	RET	ARY	11				
WAY	NE I	ACY					
TRE	ASU	RER	11				
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
•			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		,
25-	change on Schedule O. See instructions	34		✓
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37ь		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	405		,
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		√
C	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		120	T
	Did the association emister any depart advant finds during the years K Wes ? Farm 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		1

Form 99	0-EZ (2019)					Pa	ge	
, ',			<u> </u>			Yes	No	
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	indirectly, in political of complete Schedule C	ampaign activities on . Part I	behalf of or in opposit	tion		_/	
Part		ns Only ons must answer que	estions 47–49b and	52, and complete th	<u> </u>	or line	. <u>*</u> S	
	Check if the organization used S	chedule O to respond	no any question in t	nis Part VI	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	No	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	· ·	tax . 47		✓	
48	Is the organization a school as described				. 48		√	
49a	Did the organization make any transfers		_		. 49a		✓	
ь 50	If "Yes," was the related organization as Complete this table for the organization employees) who each received more that	's five highest compen	sated employees (oth				√ ke	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate	e) Estimated amount other compensation		
		-						
		-						
						•		
		-						
f	Total number of other employees paid of	over \$100,000		<u> </u>				
51	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest comp	ensated independent	contractors who each	received	more	tha	
	(a) Name and business address of each indepe	ndent contractor	(b) Type of serv	ice (c	(c) Compensation			
							_	
			_					
·			-				_	
			-					
			-					
	Total number of other independent cont	•	•					
52	Did the organization complete Schedule A	dule A? Note: All se			na . ⊳∐Ye s	: □ N	_	

		44			
		d this return, including accompanying scher er than officer) is based on all information o			ege and beller, it is
Sign Here	Signature of prificer WAYUE Type or print name and title	(ACY		5/14/20 Date	
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Use Only	Firm's name >			Firm's EIN ▶	
_	Firm's address ▶		Phone no.		
May the IRS	discuss this return with the pre	parer shown above? See instructi	ons	▶ [] Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service **Employer identification number** Name of the organization USA TRACK AND FIELD SOUTH CAROLINA ASSOCIATION 31-107531 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E) Tota!

Part							
	. (Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Calen	dar year (or fiscal ýear beginning in) 🔪	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35780	30411	39852	34782	27420	168255
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	41200	78169	37148	57673	84319	298509
3	The value of services or facilities furnished by a governmental unit to the organization without charge	76980	108580		92456		466764
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	76980	108580	7 7 010	92456	111739	466764
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						466764
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) ► □
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line		-	1, column (f))		14	100 %
15	Public support percentage from 2018 Sci 331/3% support test—2019. If the organ					15	100 %
16a	box and stop here. The organization qua				id line 14 is 33	3.73% Or more,	
b	331/2% support test—2018. If the organithis box and stop here. The organization	ization did not	check a box o	n line 13 or 16		is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts	-and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets th meets the "fact	e "facts-and-c ts-and-circums	circumstances" stances" test.	test, check the organization	this box and son qualifies as	top here. a publicly

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support		-				
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35780	30411	39862	34783	27420	168256
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33700	30411	,	,	27420	100230
3	Gross receipts from activities that are not an unrelated trade or business under section 513	41200	781694	37148	57673	84319	298509
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					·	
5	The value of services or facilities furnished by a governmental unit to the organization without charge			-	,		
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	76980	108580	77010	92456	111739	466765
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						466465
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	76980	108580	77010	92456	111739	466765
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				,		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		•		,		
13	Total support. (Add lines 9, 10c, 11, and 12.)	76980	108580	77010	92456	111739	466765
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ □
Section	on C. Computation of Public Suppor	rt Percentag	е				
15 16	Public support percentage for 2019 (line 8 Public support percentage from 2018 Sci			13, column (f))		15 16	100 % 100 %
	on D. Computation of Investment In			· · · · ·	· · · · ·	1.0	100 70
17	Investment income percentage for 2019 (ov line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2018					18	%
19a	331/s% support tests—2019. If the organ						
	17 is not more than 3312%, check this box						
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this	box and stop h	ere. The organi	ization qualifies	as a publicly s	upported organ	3¹ß%, and ization ► □
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, o	heck this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	an v	·)			
Secti	on A. All Supporting Organizations		1.4			
			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by					
	class or purpose, describe the designation. If historic and continuing relationship, explain					
2	Did the organization have any supported organization that does not have an IRS determination of status	1				
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported					
	organization was described in section 509(a)(1) or (2).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer					
	(b) and (c) below	За				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and					
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the					
	organization made the determination	3b	ļ	ļ		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	36				
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign					
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion					
	despite being controlled or supervised by or in connection with its supported organizations	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 500(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used					
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)					
	purposes.	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"					
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN					
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;					
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action					
	was accomplished (such as by amendment to the organizing document).	5a		ļ.,		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already					
	designated in the organization's organizing document?	5b 5c				
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- SC				
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited					
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or					
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor					
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity					
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	<u> </u>	ļ		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<u> </u>		نــــا		
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8				
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			İ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	_	├──		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>	i	 		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit					
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	<u> </u>			
10a						
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40				
h	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a				
E 3	- Did the diagnization have any excess positiess notality in the tax year; jose donedale of Folin 4720, to	1	1			

determine whether the organization had excess business holdings)

10b

Page	5
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Pärt	Supporting Organizations (continued)		V	NI -
		r 	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ـــــا
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		
_	•	1		- (
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		—	
		2		
Secti	on C. Type II Supporting Organizations		V	
		$\overline{}$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Secti	on D. All Type III Supporting Organizations		 	l
		لــــا	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		—	
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<u> </u>		
	·	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	'		l
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l i
	supported organizations played in this regard			
<u></u>		3		l
	on E. Type III Functionally Integrated Supporting Organizations		-4:	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	CUON	s)
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	, , ,	-t	lanaı
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see III.	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ŀ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1		i I
	that these activities constituted substantially all of its activities	2a		-
				1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	24		
_		2b	-	
3	Parent of Supported Organizations <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
_	• • • • • • • • • • • • • • • • • • • •	Ja	-	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	1 00		

instructions).

			- Tage G
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income	iizat	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		,,,,,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	-		
instructions for short tax year or assets held for part of year).			4= 11
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	-		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
 emergency temporary reduction (see instructions). 7		tegrated Type III supports	og organization (see
- Check here it the current year is the organization's first as a non-functional	ווו עו	cograted Type III Supporti	ig organization (see

Pärt	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)		
Secti	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish e				
2					
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7_	Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015			1 1	
С	From 2016		· • • • • • • • • • • • • • • • • • • •	1	
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
I	Carryover from 2014 not applied (see instructions)				
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from		'		
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c.				
Ŗ	Breakdown of line 7	6 1 -	بعد باقد احد		
а	Excess from 2015				
b	Excess from 2016	6.4	same type of the 20 1	1 - De 1	
C	Excess from 201/	1.617	Parada ar s	U 1 U 10 1	
d	Excess from 2018				
Ç	Excess from 2019	, m - 1-	<u></u>		

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization '	Employer identification number
USA TRACK AND FIELD SOUTH CAROLINA ASSOCIATION	31-107531
OTHER EXPENSES FORM 990 LINE 16	
WEBSITE EXPENSE - 674	
WEBSITE EXPENSE - 6/4	
CONVENTION EXPENSE - 5862	
WORKSHOP EXPENSE - 2963	
MISC EXP - 2524	
MAGO DA COLV	
POSTAGE - 206	
SPONSORSHIP - 7358	
EQUIPMENT AND SUPPLIES - 1652	
EQUIPMENT AND SUPPLIES - 1052	
LEGAL AND AUDIT - 104	
MEETINGS - 260	
BANK CHARGES - 18	
STORAGE - 3503	
OTHER ASSETS - FORM 990 LINE 24	
ACCOUNTS REC - 2677	
ANADDC 2470	
AWARDS - 3178	
PREPAID EXPENSES - 1088	
TOTAL LIABILITIES FORM 990 LINE 26	
TOTAL LIABILITIES I ON USO LINE 20	
ACCRUED LIABILITIES - 2000	