A For the 2009 calendar year, or tax year beginning 1/1/2009, and ending 12/31/2009

Form **990-N**Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2009

Open to Public Inspection

B Check if applicable	C Name of organization: USA TRACK & FIELD INC	D Employer
☐ Terminated, Out of	d/b/a: Nebraska Association USATF	Identification Number
Business	% Forrest Anderson	47-0769529
Gross receipts are normally	5408 Tipperary Trail	
\$25,000 or less	Lincoln, NE, US, 68512	
	F Name of Principal Officer: Forrest Anderson	
E Website:		
www.nebraskausatf.org	5408 Tipperary Trail	
ariinta.	Lincoln NE LIG 69512	

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

This Form 990-N (e-Postcard) was accepted by the IRS on 10/15/2010.

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A	For t	ne zuus calend	ar year,	or tax year beginning 11/1	, 2003, 1	and ending_		10/31		, == 10		
В	Check	if applicable:	Please			D Emplo	nployer identification number					
		ss change	use IRS label or	Nebraska Association USATF			47 0769529					
片		change	print or	Number and street (or P.O. box, if mail is not delivered to street ad	ldress)	Room/suite	· ·					
뉘	Initial (type. See	c/o Forrest Anderson 5408 Tipperary Trail			402-423-0515					
Ħ		ded return	Specific Instruc-	City or town, state or country, and ZIP + 4			F Group Exemption					
口		ation pending	in the surroces							<u></u>		
_	• S	ection 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must	attach	G Acco	inting Me	thod:	\checkmark	Cash		
			a col	npleted Schedule A (Form 990 or 990-EZ).		Other	(specify)	<u> </u>				
_						H Chec	、▶ 🗆 i	f the c	orgar	nization is not		
1	Web	site: ► www	.nebras	kausatf.org		requir	ed to atta	ach S	ched	lule B (Form 990,		
				nly one) — 🗹 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or	<u>52</u>	990-E	Z, or 990)-PF).				
K	Chec	k ▶ ☐ if th	e organi	zation is not a section 509(a)(3) supporting organization and	its gross	receipts are	normally i	not m	ore ti	han \$25,000. A		
	Form	990-EZ or Forn	n 990 re	turn is not required, but if the organization chooses to file a	return,	be sure to file	a comple	ete re	tum.			
L	Add li	nes 5b. 6b. and 7	b. to lin	9 to determine gross receipts; if \$500,000 or more, file Form 9	90 instea	ad of Form 990	-EZ ▶	\$	i	14621		
F	art	Revenu	ie, Exp	enses, and Changes in Net Assets or Fund B	<u>Balanc</u>	es (See the	instruc	ction	s fo	r Part I.)		
	1	Contribution	ons, gif	ts, grants, and similar amounts received			[1		0		
	2						[2		0		
	з			and assessments			[3_		14577		
	4	_	•				[4		44		
	5	ia Gross amo	ount fro	m sale of assets other than inventory	5a		0					
	1			er basis and sales expenses	5b		0					
			ss) fror	n sale of assets other than inventory (Subtract line 5b	from li	ne 5a)		5c		0		
9		Special event	s and ac	tivities (complete applicable parts of Schedule G). If any amount is fi	rom gam	ing, check here	▶ 🗆 [
Revenue		a Gross revenue (not including \$ of contributions										
2	i I	reported o		_	6a		0					
4				nses other than fundraising expenses	6b		0	1-01-51. 457-14				
	1			ss) from special events and activities (Subtract line 6)		line 6a)		6c		14621		
	1 _			rentory, less returns and allowances	7a		0.00	7 (1) (A)				
	1			•	7b		0.00					
				ss) from sales of inventory (Subtract line 7b from line				7c				
		Other revenue (describe						8				
	8 9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			′ f	9		14621		
_	10			r amounts paid (attach schedule)				10				
	11			or for members			`	11				
a								12		······································		
Fxnenses	13		Salaries, other compensation, and employee benefits					13	t –			
9	14		Professional fees and other payments to independent contractors						_	······		
×	14	•	Occupancy, rent, utilities, and maintenance					14 15		145		
_	۱ .۰		Other expenses (describe convention, awards & association meets					40 0500				
	16			Add lines 10 through 16			— ′ I	17		25365		
_	17	Fyence or	(defieit	for the year (Subtract line 17 from line 9)		<u> </u>		18		-10744		
Į,	19	Not seem	or fu	nd balances at beginning of year (from line 27, colu	(A))		e with					
ď	'`			e reported on prior year's return)				19		71793		
Not Assets	20							20	\vdash	-10744		
Ž	2 2							21		61049		
		21 Net assets of fully balances at city of your. Combine lines to through 20							ad o	of Form 990-EZ.		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 (See the instructions for Part II.) (A) Beginning of							Γ	(B) End of year				
9	2	Cach cavings	e and i			<u> </u>	<u> </u>	6833	22	56083		
			ash, savings, and investments					23				
						`		5140	_	5204		
	. 4 .5			equipment		'		1793	_	61049		
				cribe Inone		` 			26			
	7	Net assets of	r fund	palances (line 27 of column (B) must agree with line	21) .	一.'	7	1793				

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses			
What	t is the organization's primary exempt purpose?	promote adult & youth track		ired for section (3) and 501(c)(4)					
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise		izations and section			
manı	ner, describe the services provided, the number of	of persons benefited, and other relevant information for				a)(1) trusts; optional			
each	program title.				for otl	ners.)			
28	promote youth and adult track and field meets in Ne	braska, serving over 1,000 inc	dividuals						
	(Grants \$ 0.00) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	25365			
29									
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a				
30									
			.,,,,,,						
					İ				
	(Grants \$) If this amount	includes foreign grants, che	eck here	<u>. ▶ □</u>	30a	·			
31	Other program services (attach schedule)								
		includes foreign grants, che	eck here	. ▶ □	31a				
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	25365			
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)			
	/	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and			
	(a) Name and address	devoted to position	enter -0)	deferred comper		other allowances			
Fort	est Anderson	Bid4							
5408	3 Tipperary Trail Lincoln, NE 68512	President	\$0.00		\$0.00	\$0.00			
	nael H. Bowling								
1510	00 Plum Ridge Rd Lincoln, NE 68527	Treasurer	\$0.00		\$0.00	\$0.00			
	in Carter								
365	N 117th Court #5 Omaha, NE 68154	Vice President	\$0.00		\$0.00	\$0.00			
	cy Sempek								
	01 Jones Circle, Waterloo, NE 68069	Secretary	\$0.00		\$0.00	\$0.00			
•									
		1							
			-						
			•						
			, <u>, , , , , , , , , , , , , , , , , , </u>						
		1							
		1							
		-	_						
		1							
		1							
		†							
		-							
		-		-					
		-							
		-							
			<u> </u>	 					
		-							
		-							
		-							
		1	1	1		T .			

Part				
Tart	Culci mornidadi (11010 tilo didicinoni requiremente in the medicale di incidente di		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a \$0.00			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		76.5	
а	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 ▶ \$0.00 ; section 4912 ▶ \$0.00 ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) 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 ▶ Michael Bowling Telephone no. ▶ 4	02-61	7-751	4
	Located at ► 15100 Plum Ridge Rd Lincoln, NE ZIP + 4 ►	68	527	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	ļ <u>.</u>	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		168	140
	Form 990-EZ	44		↓ ✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	-	00	0 E7	/2000

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	exempt charita ritable trusts mu	ble trusts only. A st answer question	ll sec ons 46	tion 6–491	b
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete \$				46		✓
	Did the organization engage in lobbying activities				47		1
	ls the organization a school as described in section				48		/
	Did the organization make any transfers to an ex		_		49a 49b		V
b 50	If "Yes," was the related organization a section 5 Complete this table for the organization's five high	2/ organization?	ovees (other than			es an	d kev
30	employees) who each received more than \$100,0	000 of compensation from	the organization	. If there is none, en	ter "N	lone."	,
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		ions to (e) Expense account and		nse and
None							
••••					ļ		
			ļ				
			+				
f	Total number of other employees paid over \$100	0.000	0				
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b) ¹	ype of service	(c) Co	mpens	ation
						·	
d	Total number of other independent contractors e	each receiving over \$100.0		0			
	Under penalties of periury, I declare that I have examine			tatements and to the he	et of my	/ knowl	ledge
Sign	and belief, it is true, correct, and complete. Declaration	of preparer (other than officer) is	based on all informati	on of which preparer has	any kno	owledg	e
Here	Signature of Officer			10/13/20/ Date	0		
	Michael H. Bowling Treasurer Type or print name and title						
Paid	Preparer's signature	Date	Check if self- employed ▶ [Preparer's identifying nur	nber (Se	e instruc	tions)
Prepare Use On	Firm s name (or			EIN ▶			
May the	e IRS discuss this return with the preparer shown	above? See instructions		>	Yes		No
			· · · · ·	Fo			(2009)