### Form **990-EZ**

Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

		2014 calendar year, or tax year beginning and ending					
	Check If applicat		DE	mployer ide	ntification number		
X	Addn	ess change USA TRACK & FIELD, INC	1				
Ľ.	Name	change DBA NEBRASKA ASSOCIATION USATF		<u>47-076</u>			
	initial	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suiti		E Telephone number			
	Final termi	return/ 1012 5TH STREET	402-852-2616				
	Amer	oded return City or town, state or province, country, and ZIP or foreign postal code	F G	roup Exemp	tion		
	$\beth_{Applik}$	ation pending PAWNEE CITY, NE 68420	N	lumber 📂			
G	Ассоцг	nting Method: X Cash Accrual Other (specify)	HC	heck 🕨 🗵	If the organization is		
1 1	Websi	e: > WWW.NEBRASKAUSATF.ORG	n	ot required t	o attach Schedule B		
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 52	7 (F	Form 990, 99	90-EZ, or 990-PF).		
K	Form o	f organization; X Corporation Trust Association Other		-			
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pal	t II,				
	column	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>&gt;</b> \$	24,490.		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructio	ns for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I			X		
	1	Contributions, gifts, grants, and similar amounts received					
	2	Program service revenue including government fees and contracts					
	8	Membership dues and assessments			24,485.		
	4	Investment income SEE SCHEDULE O			5.		
	5a	Gross amount from sale of assets other than inventory 5a		0.00			
	Ь	Less: cost or other basis and sales expenses 5b		1500			
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6	Garning and fundraising events		1001			
m	l a	Gross income from gaming (attach Schedule G if greater than					
Ž	1	\$15,000) 6a					
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions					
ď	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000) 6b					
	c	Less; direct expenses from gaming and fundraising events 6c					
	l d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d			
		Gross sales of inventory, less returns and allowances 7a					
		Less; cost of goods sold 7b					
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other revenue (describe in Schedule O)					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			24,490.		
_	10	Grants and similar amounts paid (list in Schedule 0)					
	11	Benefits paid to or for members					
S	12	Salaries, other compensation, and employee benefits		12			
186	13	Professional fees and other payments to independent contractors					
Expens	14	Occupancy, rent, utilities, and maintenance			<u> </u>		
ũ	15	Printing, publications, postage, and shipping		15	45.		
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O		16	19,396.		
	17	Total expenses. Add lines 10 through 16	- No.		19,441.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			5,049.		
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
455	"	(must agree with end-of-year figure reported on prior year's return)		19	62,827.		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			0.		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	67,876.		
LH		Paperwork Reduction Act Notice, see the separate instructions.		1 1	Form <b>990-EZ</b> (2014)		

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USA TRACK & FIELD, INC DBA NEBRASKA ASSOCIATION USATE

	art II	Balance Sheets (see the instructions for Part II)	•				
		Check if the organization used Schedule O to re	spond to any question	n in this Part II			X
				(A) Beginning of year		(B) E	nd of year
22	Cash. s	savings, and investments		61,013	• 22		67,876.
23				<u> </u>	23		
24	Other a	nd buildings issets (describe in Schedule O) SEE SCHEDULE	0	2,500			0.
25				63,513			67,876.
	Total I	issets iabilities (describe in Schedule 0) SEE SCHEDULE		686			0,,0,0.
26				62,827			
27	Net ass	sets or fund balances (line 27 of column (B) must agree with line 2	1)		• 27	_	67,876.
P		Statement of Program Service Accomplishm	•	•			cpenses for section
		Check if the organization used Schedule O to re		n in this Part III	X		and 501(c)(4)
Wha	it is the or	ganization's primary exempt purpose? SEE SCHEDULE	0			organizatio	ons; optional for
		panization's program service accomplishments for each of its three largest progra		es. In a clear and concise		others.)	
		e the services provided, the number of persons benefited, and other relevant inf	ormation for each program title.				
28	SEE	SCHEDULE O					
		<del></del>					
	(Grants !	\$ ) If this amount includes foreign	grants, check here	<b>•</b>	$\Box$	28a	
29	CHEITIS	y it this amount molecus toroig	r grants, oncor note			100	
-					_		
					—		
			<del></del>			_	
	(Grants :	\$ ) If this amount includes foreign	n grants, check here	<b></b>	<u> </u>	29a	
30							
	(Grants	\$ ) If this amount includes foreign	grants, check here			30a	
31	Other pr						
	(Grants					31a	
32		rogram service expenses (add lines 28a through 31a)				32	0.
P	art IV	List of Officers, Directors, Trustees, and Key	Employees (list each one of	even if not compensated - s	see the		
		Check if the organization used Schedule O to re	• -				
		Official in the organization asea confedure of to re		THI CHIST CILIV			
			(h) Average houre	(6)	(d) u <sub>e</sub>	alth honofite	(a) Estimated
		6-N N d Afalo	(b) Average hours	(C) Reportable compensation (Forms	contr	alth benefits, ibutions to	(e) Estimated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emple	ributions to byee benefit and deferred	amount of other
	772 V.T			compensation (Forms	emple	lbutions to byee benefit	1 ' '
		ISSLER	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple	ributions to byee benefit and deferred pensation	amount of other compensation
PR	ESID	ISSLER NET	per week devoted to	compensation (Forms W-2/1099-MISC)	emple	ributions to byee benefit and deferred	amount of other
PR	ESID	ISSLER NET HITE	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple	ributions to byee benefit and deferred pensation	amount of other compensation
PR	ESID	ISSLER NET	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple	ributions to byee benefit and deferred pensation	amount of other compensation
PR RU 1S	ESID TH W	ISSLER NET HITE	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple	ibutions to oyee benefit and deferred pensation	amount of other compensation
PR RU 1S RU	ESID TH W T VI	ISSLER NET HITE CE PRESIDENT CARTER	per week devoted to position  2.00  2.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple	object benefit and deferred pensation	amount of other compensation  0.
PR RU 1S RU 2N	ESID TH W T VI BIN D VI	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple	ibutions to oyee benefit and deferred pensation	amount of other compensation
PR RU 1S RU 2N BC	ESID TH W T VI BIN D VI	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK	2.00 2.00 2.00	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	emple	observations to observe benefit and deferred opensation    0    0	amount of other compensation  0 •  0 •
PR RU 1S RU 2N BC SE	ESID TH W T VI BIN D VI NNIE CRET	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY	per week devoted to position  2.00  2.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple	object benefit and deferred pensation	amount of other compensation  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESID TH W T VI BIN D VI NNIE CRET	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	2.00 2.00 2.00	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	emple	observations to observe benefit and deferred opensation    0    0	amount of other compensation  0 •  0 •
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW CRET.	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW TO VIEW TO THE TOTAL THE T	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW TO VIEW TO THE TOTAL THE T	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW TO VIEW TO THE TOTAL THE T	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	open benefit and deferred pensation  O .  O .	amount of other compensation  0.  0.
PR RU 1S RU 2N BC SE KE	ESIDITH W. T VIEW TO VIEW TO VIEW TO VIEW TO THE TOTAL THE T	ISSLER NET HITE CE PRESIDENT CARTER CE PRESIDENT CIZEK ARY HARRIS	per week devoted to position  2.00  2.00  2.00  2.00	O .  O .	emple	output on the control of the control	amount of other compensation  0.  0.

Form 990-EZ (2014) DBA NEBRASKA ASSOCIATION USATF 47-0769529

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

33 Did the organization engage in any significant activity not previously reported to the IRSP II "Yes," provide a debilid description of each activity in Schedule 0  34 Warr any significant changes made to the organization or powering documents? If "Yes," state a conformed copy of the amended documents if they reflect a change to the organization of scare. Otherwise, copilish the change on Schedule 0 (see lestractions)  35 Did the organization have unrelated between gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, 6, and 7a, among others; 7)  36 If "Yes" to like 35a, has the organization filed a Form 990-1 for the year? "I "No," provide an explanation in Schedule 0  36 Did the organization assection 50(1)(4), 501(16)(5) organization subject to section 00(30(5)) molice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II II  37 Either amount of political expendentiator, dissolution, internation, or significant subject to section 00(30(5)) molice, reporting, and proxy tax requirements during the year? If "Yes," complete schedule, C, Part II  38 Did the organization the Form 1120-90(1 or the year?  39 Did the organization the Form 1120-90(1 or the year?  30 Did the organization the Form 1120-90(1 or the year?  30 Did the organization for Form 1120-90(1 or the year?  31 Did the organization for Form 1120-90(1 or the year?  32 Did the organization for Form 1120-90(1 organizations to say officiar, director, fustion, 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?  32 Did the organization for Form 1120-90(1 organizations, fusions, 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?  33 Did Y/A  34 Did Y/A  35 Section 501(c)(3) (5) (5)(4)(4), and 501(c)(2) organizations. Instead organization during the year under section 501(c)(3) (5) organizations. Fin	1 6	instructions for Part V) Check if the organization used Sch. O to respond to any question in thi		V	X
33		, , , , , , , , , , , , , , , , , , , ,			
activity in Schedule 0  3 Whar any significant changes made to the organization or governing documents? If "res," stack a conformed copy of the annehold documents if they riffered a change to the organization is name. Otherwise, optibility in the change on Schedule 0 (see instructions)  5 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on this 3, 6, 6, and 7a, among others)?  5 bit 1 "Ye to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  5 bit 1 "Yes to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  5 bit 1 "Yes to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  5 bit 1 "Yes to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  5 bit the organization underso a includent, dissolution, for (line), and described in the instructions  5 bit 3 bit the organization file form 1120-901, for this year?  5 bit 1 and organization file Form 1120-901, for this year?  5 changes 1 bit the organization file Form 1120-901, for this year?  5 bit 1 "Yes, complete spiciolation form or make any loans to, any officion, director, frustee, 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?  5 bit 1 "Yes, complete Schedule I, Part II and enter the local amount involved  5 bit Yes, complete Schedule I, Part II and enter the local amount involved  5 bit Yes, complete Schedule I, Part II and enter the local amount involved  6 bit Yes, complete Schedule I, Part II and enter the local amount involved  7 bit Yes, complete Schedule I, Part II and enter the local amount involved  8 bit Yes, solid of (x) 50 (x) organizations. Enter amount of tax imposed on organization was calculated thin this schedule in the schedule in the sc	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
34   Xr any significant changes made to the organization are more than columnents of the regimentation is more interestinated by the organization is mean. Otherwise, copies the change on Schedule (See instructions)		anthitis in Cahadula O	33		X
35 a Did the organization have unrelated business pross income of \$1,000 or more during the year from business activeties (such as those reported on lines 2, 6a, and 7a, among others)?  35 b If Yea' to line 35a, has the organization lited a Form 990-T for the year? If No," provide an explanation in Schedule 0.  35 b If Yea' to line 35a, has the organization lited a Form 990-T for the year? If No," provide an explanation in Schedule 0, and provy tax requirements during the year? If Yea," complete Speciation of the year of the Schedule 0, Part III  36 b If the organization undergo a liquidation, desoution, itemination, or significant disposition of net assets during the year? If Yes," complete application brown 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?  36 b If Yes, complete Schedule II, Part II and enter the total amount involved  37 b If Yes, complete Schedule II, Part II and enter the total amount involved  38 b If the organization brown 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?  38 b If Yes, complete Schedule II, Part II and enter the total amount involved  39 centre of Schola of Schol	34				
on lines 2, 6a, and 7a, among others)?  If Yes's to line 5ab, has the organization fleet a form 990-1 for the year? If Yes', provide an explanation in Schedule 0  If Yes's to line 5ab, has the organization a section 501c(x)4, 501c(x)6, or 501c(x)6; or 501c(x)6; or praintation subject to section 6033(x) notice, reporting, and proxy tax requirements curring the year? If Yes', complete Schedule 0, Fart III  Soli the organization undergo a liquidation, desolution, remination, or significant disposition of net assets during the year? If Yes', complete applicable parks of Schedule N  35c		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
on lines 2, 6a, and 7a, among others)?  If Yes's to line 5ab, has the organization fleet a form 990-1 for the year? If Yes', provide an explanation in Schedule 0  If Yes's to line 5ab, has the organization a section 501c(x)4, 501c(x)6, or 501c(x)6; or 501c(x)6; or praintation subject to section 6033(x) notice, reporting, and proxy tax requirements curring the year? If Yes', complete Schedule 0, Fart III  Soli the organization undergo a liquidation, desolution, remination, or significant disposition of net assets during the year? If Yes', complete applicable parks of Schedule N  35c	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
If Yes' to line 35e, has the organization filed a form 990-T for the year? If Yes', provided an explanation in Schedule 0   350   N/A		and the said 7e among atheres 7	35a		X
Requirements during the year? If "Yes," complete Schedule C, Part II all of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  78. Enter amount of political expenditures, direct or indirect, as described in the instructions    88. X  88. X  88. X  88. X  89. Did the organization fee Form 1140-P0. for the year?  89. Did the organization fee Form 1140-P0. for the year?  89. Did the organization fee Form 1140-P0. for the year?  89. If "Yes," complete Schedule I., Part II and enter the total amount involved  89. Section 501(c)(7) organizations. Enter amount of tax wipposed on the organization during the year under:  80. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an year special endsity or section 4912    80. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction of the properties of the properties Schedule I., Part I  80. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction or disqualified persons during the year under sections 4912, 4955, and 4958  80. A cryptophical section of the properties Schedule I., Part I  80. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year amount of tax imposed on organization managers or disqualified persons during the year amount of tax in ender crimbursed by the organization or managers or disqualified persons during the year amount of tax in ender crimbursed by the organization organization engage in an excess benefit transaction organization engage in any transaction engage in any second 4958  80. A crimpart organization e	b			N/	A
88 Did the organization undergo a liquidation, stermination, or significant disposition of net assets during the year? H*Yes,* complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  ▶ 137a ■ 0.  ▶ 27a ■ 1.  ▶ 27a ■ 1.  ▶ 27a ■ 2.  ▶ 27a ■ 2.  ▶ 27b ■ 2.  ▶ 37b ■ X   ■ 38b ■ N/A  ■	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			
88 Did the organization undergo a liquidation, stermination, or significant disposition of net assets during the year? H*Yes,* complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  ▶ 137a ■ 0.  ▶ 27a ■ 1.  ▶ 27a ■ 1.  ▶ 27a ■ 2.  ▶ 27a ■ 2.  ▶ 27b ■ 2.  ▶ 37b ■ X   ■ 38b ■ N/A  ■			35c		X
878 Enter amount of political expenditures, direct or indirect, as described in the instructions	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Id the organization file Form 1120-P0L for this year?  380 Diff the organization borrow know, 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?  b If Yes, complete Schedule L, Part II and enter the total amount involved  380 N/A  38		complete applicable parts of Schedule N	36		X
b Id the organization file Form 1120-P0L for this year?  380 Diff the organization borrow know, 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?  b If Yes, complete Schedule L, Part II and enter the total amount involved  380 N/A  38	37 a				
38a			37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved  9 Section 501(c)(7) organizations. Enter  1 Initiation fees and capital contributions included on line 9  8 Section 501(c)(3) organizations. Enter amount of text imposed on the organization during the year under:  9 Section 501(c)(3) organizations. Enter amount of text imposed on the organization during the year under:  9 Section 501(c)(3) organizations. Enter amount of text imposed on the organization during the year under:  9 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 organization engage in any section 4958 excess benefit transaction during the year organization engage in any section 4958 excess benefit transaction during the year organization engage in any section 4958 excess benefit transaction during the year organization engage in any section 4958 excess benefit transaction during the year organization engage in any section 4958 excess benefit transaction during the year organization engage in any section 4958 excess benefit transaction during the year organization engage in any section 4958 excess benefit transaction and organization engage in any section 4958 excess benefit transaction and organization engage in any section 4958 excess benefit transaction any organization engage in any section 4958 excess benefit transaction any organization engage in any section 4958 excess benefit transaction any organizations. Enter amount of tax imposed on organization engage in any section 4958 excess benefit transaction any organization engage in any section 4958 excess benefit transaction any organization engage in any section 4958 excess benefit transaction engage in any transaction during the year and enter the and enter the and enter the and enter the enter organization engage in any transaction engage in any transaction during the year?  1 Yes, India 19 Yes india	38a		1010	900	
b If "vss," complete Schedule I, Part II and enter the total amount involved  38b N/A  39s Section 501(c/1) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of citib facilities  39b N/A  39a N/A  39a N/A  39b N/A  39b N/A  39b N/A  39c Section 501(c/3), 501(c/3), and 501(c/23) organizations. Did the organization during the year under:  a section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0. ; section 4915 ▶ 0.  5 Section 501(c/3), 501(c/4), and 501(c/23) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in any section 4958 excess benefit transaction during the calendary or did it engage in any section 4958 excess benefit transaction organization managers or disqualified persons during the year under sections 4912, 4958, and 4958  0 - description 501(c/3), 501(c/4), and 501(c/29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4958, and 4958  0 - description 501(c/3), 501(c/4), and 501(c/29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization is blooks are in care of ▶ KEITH HARRIS  10cated at ▶ 1.01.2 STH STREET, PAWIES CITY, NE  10cated at ▶ 1.01.2 STH STREET, PAWIES CITY, NE  21p+4 ▶ 6842.0  11p+4 ▶ 6842.0  12p+4 ▶			38a		X
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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-E27 if "Yes," complete Schedule L, Part I  6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization major and solicy persons during the year under sections 4912, 4955, and 4958  O . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T.  List the states with which a copy of this return is filled NB  List the states with which a copy of this return is filled NB  List the organization's books are in care of NEITH HARRIS  Located at 1 0.12 STH STREET, PAWNEE CITY, NE  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; See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), and the foreign country:  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling 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  44a					
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transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed  NB  42a The organization's books are in care of  KEITH HARRIS  Telephone no.  402-852-2616  Located at  1012 5TH STREET, PAWNEE CITY, NE  ZIP+4 68420  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)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  At 20 In lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  44c X  d If "Yes" to line 44c, has the organization filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d If "Yes" to line 44c, has the organization filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  55a X  Form 990-EZ (2014)	e				
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over a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  If "Yes," enter the name of the foreign country:  See the instructions for expertions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country:  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  10 bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  10 bid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  11 bid the organization receive any payments for indoor tanning services during the year?  12 bid the organization receive any payments for indoor tanning services during the year?  13 bid the organization receive any payments for indoor tanning services during the year?  14 bid the organization have a controlled entity within the meaning of section 512(b)(13)?  15 bid 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)  15 corm 990-EZ (2014)	Ь				
account)?  If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   43 Section 4947(a)(1) nonexempt charitable trusts filling 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  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)	_			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).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling 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  Yes No  144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ (at a b b b b b b b b b b b b b b b b b b			42b		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1			165		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling 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  143 N/A  144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  150 bid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  150 bid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  150 bid the organization receive any payments for indoor tanning services during the year?  151 bid the organization receive any payments for indoor tanning services during the year?  152 bid the organization have a controlled entity within the meaning of section 512(b)(13)?  153 bid 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)  150 bid 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)				36	
If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling 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  Yes No  14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  44b X  Did the organization receive any payments for indoor tanning services during the year?  44c X  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)	C		42c		X
A4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)		If "Yes," enter the name of the foreign country:			
A4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
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  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)					
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year? 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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)  Form 990-EZ (2014)		HIGHIOTHIC - MODELS A			
Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)  Form 990-EZ (2014)				Yes	No
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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)  Form 990-EZ (2014)	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	100	8115	
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  c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)  Form 990-EZ (2014)		Form 990-EZ	44a		X
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  in Schedule O  44d  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)	b			(5)	
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  in Schedule O  44d  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 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)  Form 990-EZ (2014)			44b		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, " provide an explanation in Schedule O  44d  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X  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  Form 990-EZ (2014)	C				X
in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)			107/31		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  Form 990-EZ (2014)			44d		
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)  Form 990-EZ (2014)	45 a				X
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Form 990-EZ (2014)					FER
Form 990-EZ (2014)			45b		L
490479				90-EZ	(2014)

-					•			Yes	No
	organization engage, directly or indirectly, in po						40		
Part VI	complete Schedule C, Part I Section 501(c)(3) organizations	s only		<u></u>			46	,	X
	All section 501(c)(3) organizations must	-	49h and 52, ar	nd complete	e the tables for line	e 50 and 51			
	Check if the organization used Schedule								
			<u> </u>					Yes	No
47 Did the o	rganization engage in lobbying activities or ha	ve a section 501(h) elect	ion in effect duri	ing the tax ye	ar? If "Yes," complet	e Sch. C, Part II	47		Х
48 Is the org	ganization a school as described in section 170	0(b)(1)(A)(ii)? If "Yes," co	omplete Schedul	le E			48		Х
49a Did the o	rganization make any transfers to an exempt n	on-charitable related org	janization?				49a		Х
D IT "Yes," V	was the related organization a section 527 organization to the first the expensive time in the base of the section 527 organization to the section 527 organization as section 527 organization to the section 527 organization as section 527 organization 527 or	anization?					49b		
	e this table for the organization's five highest c 0,000 of compensation from the organization.			ers, airectors	s, trustees and key ei	mployees) who e	ach rec	eived r	nore
ιπαπφτο	(a) Name and title of each employee		(b) Average	e hours	(C) Reportable	(d) Health benefit	s /a	) Estim	ated
	(=,		per week de		compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amo	ount of	
	NON	1E	positio	on	W-2/1099-WIGC)	plans, and deferre compensation		mpens	<b>atio</b> n
							1		
		_							
	<del>_</del>								
							+-		_
	<del></del>					-	+		-
f Total nun	nber of other employees paid over \$100,000			<b></b>					
	e this table for the organization's five highest co		t contractors wh	io each recei	ved more than \$100,	000 of compens	ation fr	om the	ł
	tion. If there is none, enter "None." NON					<u> </u>			
(a) r	Name and business address of each independe	ent contractor		(D)	Type of service	(c)	Compe	nsation	1
						<del></del>			_
_									
d Tatalana									_
	nber of other independent contractors each rec rganization complete Schedule A? Note. All se		······································		<b>&gt;</b>				
	d Schedule A						X Ya		□ No
Under penalties	s of perjury, I declare that I have examined this	return, including accom	nanying schedu	les and state	ments, and to the be				
	nd complete. Declaration of preparer (other tha						go ano		
					,				
Sign	Signature of officer					Date			
Here	KEITH HARRIS, TREAS	URER							
	Print/Type preparer's name	Dropovorio elegatura	<u> </u>	I Date	Chaple	1 & LDTA			
	Finite Type preparer S hanne	Preparer's signature		Date	Check self- emplo	if PTIN			
Paid	GREGORY A. JOHNSON	GREGORY A.	.TOWNGON	101/28		POO	120/	<b>61 E</b>	
Preparer	Firm's name HAYES & ASSO			WOI/20		<b>▶</b> 47-07			
Use Only	Firm's address ► 1015 NORTH			TE 200	Phone no.				
			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		T HONG HO.				
	OMAHA, NE 6	ロエエス							
May the IRS di	scuss this return with the preparer shown above		<u> </u>			<b></b>	X Ye	3	No

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 USA TRACK & FIELD, INC

DBA NEBRASKA ASSOCIATION USATF

Employer identification number

47-0769529 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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, 4 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.) 6 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.) 8 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 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) 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 IIII functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

## Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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		-	+	1		<del>                                     </del>
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 (6						
æ	Public support. Subtract line 5 from line 4.						-
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) 2010	(3) 23 1.	(0,2012	(4) 23 10	(6) 2014	(i) rotal
8	Gross income from interest.					1	
Ī	dividends, payments received on			1		1	
	securities loans, rents, royalties						
	and income from similar sources			1			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					T	
	or loss from the sale of capital					1	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		SINGS (COLD	LINE THE BALL	TAS DIA TAK		
12	•	•				12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
C-	organization, check this box and stop					***************************************	<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2014 (I					14	
	Public support percentage from 2013						<u>%</u>
162	33 1/3% support test - 2014. If the c	_					
	stop here. The organization qualifies						
•	o 33 1/3% support test - 2013. If the o and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		-	•	•	•	
ŀ	10% -facts-and-circumstances test						
•	more, and if the organization meets th		_				
	organization meets the "facts-and-circ		-				<b>▶</b> □
18			•		, ., .	• • • • • • • • • • • • • • • • • • • •	
						edule A (Form 990	

### Schedule A (Form 990 or 990-EZ) 2014 DBA NEBRASKA ASSOCIATION USATF

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

(Complete only if you checked the box on line 9 of Part I 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.)

Sec	ction A. Public Support	., p					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				26,808.	24,485.	51,293.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				ŀ	-	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				26,808.	24,485	51,293.
7 <i>a</i>	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons						0.
Ł	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						0.
•	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)		NATIONAL PROPERTY.			THE OWNER	51,293.
$\overline{}$	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013 26,808.	(e) 2014 24, 485.	(f) Total
	Amounts from line 6				26,808.	24,485.	51,293.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties				4.5		0.0
	and income from similar sources				15.	5.	20.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses					İ	
	acquired after June 30, 1975				4 -		
	Add lines 10a and 10b		_		15.	5.	20.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						-4 040
	Total support. (Add lines 9, 10c, 11, and 12.)				26,823.	24,490.	51,313.
14	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, f <mark>ourth, o</mark> r fifth t	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						<u></u> ▶∟⊥
Se	ction C. Computation of Pub					1	00 06
15	,, ,		_			15	99.96 % 99.94 %
16	Public support percentage from 201					16	99.94 %
	ction D. Computation of Inve			<del></del>	···· —	4-1	.04 %
17	· · ·	•				17	
18	Investment income percentage from					18	.06 %
19	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a	-	- '				
١	b 33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, ch						
	Private foundation. If the organization	on did not check a	Dox on line 14, 19	a, or 19b, check t			
4320	)23 <b>09-</b> 17-14				Sch	edule A (Form 990	J or 990-EZ) 2014

#### Schedule A (Form 990 or 990-EZ) 2014 DBA NEBRASKA ASSOCIATION USATF

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 y when and how the organization made the determination.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part v<sub>I</sub> 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	2		
	truc:	(2)	
	3a		
	3b	2223	2000
		7/79	1010
	3c		
	4a		
		ual.	10227
	4b		
	4c		100
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432024 09-17-14

#### USA TRACK & FIELD, INC

47-0769529 Page 5 Schedule A (Form 990 or 990-EZ) 2014 DBA NEBRASKA ASSOCIATION USATF Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b c 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 Section 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 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in part vi the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions): ☐ The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in part VI Identify how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1	Type III Non-Functionally Integrated 509(a)(3) Supportin  Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
-	other Type III non-functionally integrated supporting organizations must co	-		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(5)-10-(10)
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):	2010		
а	Average monthly value of securities	1a	_	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	_	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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,	$\top$		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u>-</u>	
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integral	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

USA TRACK & FIELD, INC Schedule A (Form 990 or 990-EZ) 2014 DBA NEBRASKA ASSOCIATION USATF 47-0769529 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: а b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

a b c

Breakdown of line 7:

d Excess from 2013 e Excess from 2014

Excess distributions carryover to 2015. Add lines 3j

#### USA TRACK & FIELD, INC

Schedule A	(Form 990 or 990-E	Z) 2014 DBA	NEBRASKA	ASSOCIATION ASSOCI	ON USATF	47-0769529 Page
Part VI	Supplementa	Information	Provide the exp	lanations required b	y Part II, line 10; Part	47-0769529 Page II, line 17a or 17b; and Part III, line 12.
	Also complete this	s part for any add	ditional information	n. (See instructions)		,,,,,
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

USA TRACK & FIELD, INC

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Emplo DBA NEBRASKA ASSOCIATION USATF

**Employer identification number** 47-0769529

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST	·	5.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
TRAVEL		253.
WEBSITE		875.
WORKSHOP EXPNESE		812.
SANCTIONS		250.
OFFICIALS EXPENSE		417.
MEDALS AND AWARDS		1,134.
BACKGROUND CHECKS		184.
BANK CHARGE		3.
YOUTH EQUIPMENT		889.
CHAMPIONSHIP EXPENSE	_	565.
MISCELLANEOUS EXPENSE		283.
REGISTRATION FEES		12,000.
FOOD & BEVERAGE	_	66.
ASSOCIATION EXPENSES		1,665.
TOTAL TO FORM 990-EZ, LINE 16		19,396.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG.	OF YEAR	END OF YEAR
	2,500.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

#### **SCHEDULE 0**

(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. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

USA TRACK & FIELD, INC Emplo

DBA NEBRASKA ASSOCIATION USATE

Employer identification number 47-0769529

DESCRIPTION	_BEG.	OF	YEAR	END	OF	YEAR
			686.			0.
	22.01.0					
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE				STICS	ANI	)
ATHLETES BY CONDUCTING COMPETITIONS AND OTHER	EVENTS,	ANI	BY	<u>.</u>		_
COOPERATING WITH AND ENCOURAGING OTHER ORGANIZ	ZATIONS	WHIC	H MAY	DO SO	٥.	
TO GENERATE PUBLIC AWARENESS, APPRECIATION, C	REATING	OPPO	RTUNIT	TIES I	OR	
ATHLETES AND ATHLETICS EVENTS.						
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVI	CE ACCOM	PLIS	HMENTS	3:		
ATHLETE SUPPORT DEVELOPMENT: PROVIDES DEVELOPMENT	MENTAL					
SUPPORT TO ELITE ATHLETES THROUGH A VARIETY OF	F PROGRA	MS				
AND ATHLETIC COMPETITIONS. THE OBJECTIVE BEING	J TO					
CONTINUALLY IDENTIFY, EDUCATE AND DEVELOPE AT	HLETES.					
FORM 990-EZ, PART V, INFORMATION REGARDING PER	RSONAL B	ENEI	FIT CON	TRAC	rs:	
THE ORGANIZATION DID NOT, DURING THE YEAR, REC	CEIVE AN	y Ft	NDS, I	DIRECT	PLY,	,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL I	BENEFIT (	CON	RACT.			
THE ORGANIZATION, DID NOT, DURING THE YEAR, PA	AY ANY P	REM]	UMS, I	DIRECT	PLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	•					
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