Form **990-EZ**

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)

Department of the Treasury internal Revenue Service

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.lrs.gov/form990.

Open to Public Inspection

A	For the	e 2015 calendar year, or tax year beginning		and end	ing					
В	Check if applicat	beble: Chaine of organization								
	Addr	Idress change USA TRACK & FIELD, INC								
	Nam	e change DBA NEBRASKA ASSOCIATION USATF	47-0769529							
	Initia	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number							
	- Fina1	return/ 22530 S BANNER RD	402-852-2616							
	Ame	nded return City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exem	notion					
		ation pending GOTHENBURG, NE 69138					nber 🕨	•		
G		nting Method: X Cash Accrual Other (specify)				H Che	ck	X if the organization is		
1	Websi	te: NWW.NEBRASKAUSATF.ORG						to attach Schedule B		
J	Tax-ex	tempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.)	494	7(a)(1)	or 527	(For	rm 990.	990-EZ, or 990-PF).		
			ther	******						
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, c	or if total	assets (Part I	١,				
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ					\$	23,875.		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces	(see the instru	ctions	for Part	1)		
		Check if the organization used Schedule 0 to respond to any question in this Part I								
	1	Contributions, gifts, grants, and similar amounts received					1	· - ·		
	2	Program service revenue including government fees and contracts				30,000	2			
	3	Membership dues and assessments				311156	3	23,835.		
	4	Investment income					4			
	5a	Gross amount from sale of assets other than inventory								
	Ь	b Less; cost or other basis and sales expenses 5b								
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c						
	6	Gaming and fundraising events		7.5						
a	a	Gross income from gaming (attach Schedule G if greater than								
Š		\$15,000)								
Revenue	Ь									
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such								
		gross income and contributions exceeds \$15,000) 6b					1			
	c	Less: direct expenses from gaming and fundraising events	6c				131			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract line	e 6c)			6d			
	7a	Gross sales of inventory, less returns and allowances	7a				2351			
	b	Less; cost of goods sold	7b							
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					. 7c			
	8	Other revenue (describe in Schedule 0)	S	HED	ULE O		8	40.		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	23,875.		
	10	Grants and similar amounts paid (list in Schedule 0)					10			
	11	Benefits paid to or for members								
8	12	Salaries, other compensation, and employee benefits					12			
Expense	13	Professional fees and other payments to independent contractors					13			
×	14	Occupancy, rent, utilities, and maintenance					14			
ш	15	Printing, publications, postage, and shipping	ing			15				
	16	Other expenses (describe in Schedule 0)	SSC	HED	ULE O		16	23,7 <u>7</u> 6.		
	17	Total expenses. Add lines 10 through 16						23,776.		
ĺδ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	99.		
set	19	et assets or fund balances at beginning of year (from line 27, column (A))								
Net Assets	1	(must agree with end-of-year figure reported on prior year's return)					19	67,876.		
Net	20	Other changes in net assets or fund balances (explain in Schedule 0)					20	0.		
	21	· · · · · · · · · · · · · · · · · · ·					21	67,975.		
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.						Form 990-EZ (2015)		

532171 12-02-15

Form 990-EZ (2015) DBA NEBRASKA ASSOCIATION USATF 47-0769529 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 67,876. 67,975. 22 Cash, savings, and investments Land and buildings 23 Other assets (describe in Schedule 0) 24 Total assets 67,876. 25 Total liabilities (describe in Schedule 0) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 67,876. 27 ,975. Part III | Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise others.) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 SEE SCHEDULE O (Grants \$ 23,776.) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here 29a 30) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 23,776. 32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (if not paid, enter -0-) JOHN WISSLER PRESIDENT 2.00 0. 0. 0. RUTH WHITE 1ST VICE PRESIDENT 2.00 0. 0. 0. RUBIN CARTER 2ND VICE PRESIDENT 2.00 0. 0. 0. BONNIE CIZEK SECRETARY 2.00 0. 0. 0. JIM CLARK TREASURER 2.00 0. 0. 0. NANCY SEMPEK DIRECTOR 2.00 0. 0. 0. LOGAN WATLEY DIRECTOR 2.00 0. 0. 0. MATT POHREN DIRECTOR 2.00 0 0. 0. TAMMYRA JACKSON DIRECTOR 2.00 ٥. 0. 0. MIKE MARYOTT DIRECTOR 2.00 0 0. 0.

532172 12-02-15

DBA NEBRASKA ASSOCIATION USATF

	instructions for Part V) Check if the organization used Sch. O to respond to any question in th	s ran		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	20		x
9.4	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		_
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		x
25 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	- 04		<u> </u>
30 4		35a		x
h	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0		N/	_
	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	000		
۰	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	500		
-	complete applicable parts of Schedule N	36		X
37 a			- 1	
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	- 2000		
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
C	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 under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	4		
	by the organization $lacksquare$			
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		X
41	List the states with which a copy of this return is filled NE			
42 a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 402-8			
	Located at ► 22530 S BANNER RD, GOTHENBURG, NE ZIP+4 ►	<u>6913</u>	8	
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	
	account)?	42b		X
	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.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	Ц.
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	440		X
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		
	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	4.55		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	. 45b		

		<u> </u>	<u>-</u>			_		Yes	No
	the organization engage, directly or indirectly, in po								
Part V	es, complete Schedule C, Part I Section 501(c)(3) organizations	e only	***************************************		······		46		X
1 611 4	All section 501(c)(3) organizations must	-	.40h and 52 an	nd complet	o the tables for line	22 EO and E1			
	Check if the organization used Schedule								
			- quocacii iii kii	<u> </u>	······································			Yes	No
47 Did 1	the organization engage in lobbying activities or ha	ve a section 501(h) elec	tion in effect duri	ng the tax ye	ear? If "Yes," complet	e Sch. C, Part II	47		X
48 Is th	e organization a school as described in section 170	D(b)(1)(A)(ii)? If "Yes," c	omplete Schedule	e E			48		X
49a Did 1	the organization make any transfers to an exempt n	non-charitable related or	ganization?				49a		X
b If "Yo	es," was the related organization a section 527 orga	anization?					49b		
	plete this table for the organization's five highest c \$100,000 of compensation from the organization.			ers, director	s, trustees and key er	nployees) who ea	ch rece	eived n	1016
	(a) Name and title of each employee		(b) Average	houre	(C) Reportable	(d) Health benefits	T (0)	Estima	atod.
	(=)		per week dev		compensation (Forms W-2/1099-M/SC)	contributions to employee benefit	. 1	unt of a	
	NON	1E	positio	n	W-2 1099-M/3C)	plans, and deferred compensation	com	pensa	tion
			_			<u> </u>	+		
					<u> </u>				
							Τ		-
									
-					-		—		-
					İ				
-							┼		-
	-	-							
f Tota	number of other employees paid over \$100,000			>	-	<u>.</u>	ш.		-
51 Com	plete this table for the organization's five highest co	ompensated independer	it contractors who	o each recei	ved more than \$100,	000 of compensat	tion fro	m the	
	nization. If there is none, enter "None." NON								
	(a) Name and business address of each independe	nt contractor		(b)	Type of service	(c) C	ompen	sation	
		-	———						
					-				_
									
		-							_
		-							
		· -							_
	number of other independent contractors each rec				>				_
	he organization complete Schedule A? Note; All sec					. चि	a	_	٦
Under nen	oleted Schedule Aalties of perjury, I declare that I have examined this	ratura including secon	nonvina pohodul	an and state	masta and to the be-		Yes		_ No
	ct, and complete. Declaration of preparer (other tha						e and i	oellet, l	IT IS
	The state of the s	- Cilicol y lo bucca on al	i ilii oi iligatori oi ii	illion propar	ci nas any kilowicug	<u>, </u>			_
Sign	Signature of officer			-	, <u></u>	Date			_
Here	JIM CLARK, TREASURE	ir							
	Print/Type preparer's name	Preparer's signature	•	Date	Check	if PTIN			-
Paid					self- employ	/ed			
Prepare		GREGORY A.		03/31	/17	P001	396	15	
Use On	HAYES & ASSO					► 47-071			
	Firm's address ► 1015 NORTH		r; SUIT	E 200	Phone no.	402-390	-24	80	
Name of the second	OMAHA, NE 6					. 1			_
May the IR	S discuss this return with the preparer shown above	ve? See instructions	***************************************		***************************************		Yes		No
						Fo	rm 990	D-EZ (2	(1015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 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.) 1 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 (Form 990 or 990-EZ),) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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). 10 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 II, Type III, Typ 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). (i) Name of supported (iii) Type of organization iv) Is the 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 (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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						
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			1	. ,	,,,	(-,
	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	ł					
4	the organization without charge				_	<u> </u>	
	Total. Add lines 1 through 3		=				
9	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		STORE OF				
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				Carl March 1971		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3-7-5::	(5)=5:=	(6) 20 10	(4) 20,11	(6) 2010	(i) Total
8	Gross income from interest,			<u> </u>			
	dividends, payments received on			i I			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		,		·		-
	activities, whether or not the		[]			
	business is regularly carried on].			
10	Other income. Do not include gain						
	or loss from the sale of capital			{			
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			SWAIN MIS		Z THE VET IN O	
	Gross receipts from related activities,			,		12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
e.	organization, check this box and stor	here		• • • • • • • • • • • • • • • • • • • •			<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2015 (I	ine 6, column (f) d	ivided by line 11, o	column (f))			%
	Public support percentage from 2014					15	<u>%</u>
102	33 1/3% support test - 2015. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2014. If the c						
17:	and stop here. The organization qualing 10% -facts-and-circumstances test	t - 2015 If the ere	supported organiz	auon	10 100 01105 -		
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						.
18	Private foundation. If the organizatio						s
				.,,		dule A (Form 990	

532022 09-23-15

(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.)

Se	ction A. Public Support	elow, please com	ipiete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(5) 2011	(5) 2012	(0) 2010	(d) 2014	(e) 2013	(I) Total
	membership fees received. (Do not						
	include any "unusual grants.")			26,808.	24,485.	23,875.	75,168.
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		ļ				
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						
	furnished by a governmental unit to			ĺ			
	the organization without charge						
6	Total. Add lines 1 through 5			26,808.	24,485.	23,875.	75,168.
	Amounts included on lines 1, 2, and	-			-		
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received					•	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	I					
	amount on line 13 for the year	I					0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)				NOT THE PARTY		75,168.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			26,808.	24,485.	(e) 2015 23,875.	75,168.
10a	Gross income from interest,	-				j	
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources		<u></u>	15.	5.		20.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	_	<u></u>				
c	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					i	
	regularly carried on						
12	Other income. Do not include gain					-	
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			26,823.	24,490.	23,875.	75,188.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth tax	year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here			<u> </u>	· · · · · · · · · · · · · · · · · · ·	•••••	
	ction C. Computation of Publi						
15	Public support percentage for 2015 (li	ne 8, column (f) d	ivided by line 13, o	olumn (f))		15	99.97 %
	Public support percentage from 2014					16	99.96 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ie 13, column (f))		17	.03 %
18	Investment income percentage from 2	014 Schedule A,	Part III, line 17		***************************************	18	.04 %
19a	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2014. If the	organization did n	not check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	nd _
	line 18 is not more than 33 1/3%, che-	ck this box and st	top here. The orga	nization qualifies as	a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check this	box and see ins	tructions	•
3202	29 09-23-15				Sche	dule A (Form 990	or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DBA NEBRASKA ASSOCIATION USATF

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 VI when and how the organization made the determination.
- c 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 VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
1	ţ,	
2	4-110	
3a		9.41-23-1
3b		
3c	47.07	010
4a	F H	
4b	71.71	

4c		
,		a* •
5a		
5b		
5c		
6		
7		
8		
*		7 (a
9a	4	
9b	6	
9c		
30	13.	
10a	1916	
10h		
10b 990 or 99	0-EZ)	2015

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 DBA NEBRASKA ASSOCIATION USATF

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	p	1223	harr.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
ь		11b		
		11c		
	tion B. Type I Supporting Organizations	110 (
-	tion of type reapporting organizations	\neg	V	A1-
	Did the divertors tweeters as marsh such as for		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1955	200	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	HIS		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	9.5		
	controlled the organization's activities. If the organization had more than one supported organization,	. 44		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	350	2.49	
	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		44.9	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	30		153
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			$\overline{}$
		\neg	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	(50)	-	200
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	433		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
500	tion D. All Type III Supporting Organizations	1		
Jec	tion b. All Type III Supporting Organizations	_		
	S		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		100	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			10.
	significant voice in the organization's investment policies and in directing the use of the organization's	110		
	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		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations, Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	اممماله		
c		tions). T		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1,5	-,	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		2.5	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			b, 2
	how the organization was responsive to those supported organizations, and how the organization determined		14.	
	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	110		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	201		
	reasons for the organization's position that its supported organization(s) would have engaged in these		1734	1
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	98		10.5
а		6	7.1	
-		3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	or a print	-010
		Ob.	. ,	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

532025 09-23-15

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instruc	tions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	ion 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):	*.		
а	Average monthly value of securities	1a		
	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		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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		

Schedule A (Form 990 or 990-EZ) 2015

USA TRACK & FIELD, INC

Schedule A (Form 990 or 990-EZ) 2015 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** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount ſi۱ (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: а b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D. a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3i and 4c. Breakdown of line 7: а b c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

Excess from 2015

USA TRACK & FIELD, INC

chedule A	(Form 990 or 990-EZ					47-0769529 Pag
Part VI	line 1; Part IV, Section A, I	ines 1, 2, 3b, 3c, 4i on D, lines 2 and 3	o, 4c, 5a, 6, 9a, ; Part IV, Sectio	9b, 9c, 11a, 11b, an n E, lines 1c, 2a, 2b,	d 11c; Part IV, Section 3a and 3b; Part V. lir	line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ne 1; Part V. Section B. line 1e; Part V.
	(See instructions.)	o, and 8; and Part V	, Section E, line	s 2, 5, and 6. Also c	omplete this part for	any additional information.
						·
-	·		<u>.</u>	-		
				-		
				_		
						
		-				
		 -				· · · · · · · · · · · · · · · · · · ·
				•		
						·
						
	_		_			"
	_				•	
	_					
	<u> </u>					·
						<u>, </u>
						
						
	<u> </u>					
						
	· · · · ·					
						-
	<u> </u>		-			
_						

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

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

USA TRACK & FIELD, INC

Emplo

Name of the organization

DBA NEBRASKA ASSOCIATION USATF

Employer identification number 47-0769529

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	27 0703325
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
REIMBURSED EXPENSES	40.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICIALS EXPENSE	500.
YOUTH BANQUET	4,829.
BACKGROUND CHECKS	136.
BANK CHARGE	43.
YOUTH EQUIPMENT	860.
MISCELLANEOUS EXPENSE	58.
REGISTRATION FEES	16,000.
ASSOCIATION EXPENSES	1,160.
CORPORATE REGISTRATION	30.
OFFICE SUPPLIES	160.
TOTAL TO FORM 990-EZ, LINE 16	23,776.
	1-10
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTING AT	PHLETICS AND
ATHLETES BY CONDUCTING COMPETITIONS AND OTHER EVENTS, AND BY	
COOPERATING WITH AND ENCOURAGING OTHER ORGANIZATIONS WHICH M	MAY DO SO.
TO GENERATE PUBLIC AWARENESS, APPRECIATION, CREATING OPPORTU	NITIES FOR
ATHLETES AND ATHLETICS EVENTS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHME	ENTS:
ATHLETE SUPPORT DEVELOPMENT: PROVIDES DEVELOPMENTAL	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule Co. 109-02-15) (Form 990 or 990-EZ) (2015)
12	

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 Emplo DBA NEBRASKA ASSOCIATION USATF

Employer identification number 47-0769529

SUPPORT TO ELITE ATHLETES THROUGH A VARIETY OF PROGRAMS
AND ATHLETIC COMPETITIONS. THE OBJECTIVE BEING TO
CONTINUALLY IDENTIFY, EDUCATE AND DEVELOPE ATHLETES.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.