EXTENDED TO NOVEMBER 15, 2018 Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury

Internal Revenue Service

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.

➤ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| Cisane of organization USA TRACK & FIELD, INC DBA MERRASKA ASSOCIATION USATE Commondation USA TRACK & FIELD, INC DBA MERRASKA ASSOCIATION USATE Commondation USA TRACK & FIELD, INC DBA MERRASKA ASSOCIATION USATE Commondation USA TRACK & FIELD, INC DBA MERRASKA ASSOCIATION USATE Commondation USA TRACK & FIELD, INC USATE Commondation USATE | | | e 2017 cal <u>enc</u> | ar ye | ar, o | r tax y | /ear b | eginni | ing | | | | | | | | and en | ding | | | | | | |
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| Form of organization: X Corporation Trust Association Other | 1 7 | Websi | te: 🕨 WWV | 1. N | EB. | RAS | JKA | USA | TF. | OR | .G | | | | | | | | | not requ | uired | l to attach | Schedu | le B |
| L Add lines 5b, 6c, and 7 b b line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990-EZ. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | J . | Tax-ex | empt status (| check | only | one) | $-\mathbb{L}$ | X 50 |)1(c)(| 3)[| 501(| C) (|) ⋖ (i | nsert n | 0.) | 494 | 17(a)(1) | or 52 | 27 (| Form 9 | 90, | 990-EZ, o | r 990-PF | -). |
| Part | K | orm o | f organization | : [| X | Corpc | ration | 1 | Tru | ıst | | Ass | sociation | ı L | Oth | er | | | | | | | | |
| Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | | | | | | | | | | | s. If gro | ss recei | ipts are S | \$200,0 | 00 or m | ore, d | or if tota | il assets (Pa | rt II, | | | | | |
| Part | (| colum | ı (B) below) a | re \$ 50 | 0,00 | 0 or 1 | nore, | file For | rm 99 | 0 inst | ead of F | orm 99 | 0-EZ | | | | | | | . ▶ | \$ | | 43, | 111. |
| 1 Contributions, gifts, grants, and similar amounts received 1 26,762. | | | | Je, E | хp | ens | es, a | and (| Cha | nge | s in N | let A | ssets | or F | und B | ala | nces | (see the ins | tructio | ons for F | Part | l) | | |
| 1 Contributions, gifts, grants, and similar amounts received 2 11,844. | | | Check if th | e orga | aniza | tion u | sed S | chedul | le O to | resp | ond to a | any que | stion in | this Pa | rt I | | | | | | | | | |
| 2 Program service revenue including government fees and contracts 2 11,844. | | 1 | | | | | | | | | | | | | | | | | | | | | 26, | 762. |
| A Investment income | | 2 | | | | | | | | | | | | | | | | | | | \perp | | 11, | 844. |
| 5a Gross amount from sale of assets other than inventory c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events b Less: cost of goods sold c Gross sales of inventory, less returns and allowances 7 a Gross asles of inventory, less returns and allowances 7 b Less: cost of goods sold 7 c Gross sprofit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d Gross sprofit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d Gross sprofit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d Gross sprofit or (loss) from games of inventory (Subtract line 7b from line 7a) 7 a Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less from games of inventory (Subtract line 7b from line 7a) 7 a Gross sales of inventory, less from games of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 8 4 4 5 0 5 6 6 d Gross profit or (loss) from games of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 10 Grants and similar amounts paid (list in Schedule 0) 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 Occupancy, rent, utilities, and maintenance 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractor | | 3 | Membership | dues | and | asses | smen | ts | | | | | | | | | | | | . 3 | | | | |
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| Total expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses. Add lines 10 through 16 17 38, 108. 18 5,003. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 52,774. | × | 1 | | | | | | | | · • • • • • • • • • • • • • • • • • • • | | | | | | | | | | | _ | | | 300. |
| 17 Total expenses. Add lines 10 through 16 | ш. | 1 | | | | | _ | | oing . | | | ••••• | | | | | ~~~~ | | | | - | | 277 | 000 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 52,774. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 1 - | - | | | | | | | · • • • • • • • | | | | | SEE | SC | CHEL | OPE O | | · - | _ | | | |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 S7,777. | | + | | | | | | | | | | | | | | | | | | _ | - | | <u> 38,</u> | T08. |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | ţ | | | | | | | | | | | | | | | | | | | | | | <u> </u> | 003. |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | SSe | 19 | , , , , , , , , , , , , , , , , , | | | | | | | | | | | | | Εĵ | 771 | | | | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | ťΑ | | | | | | | | | | | | | | | | | | | | _ | | J4, | 7/4. |
| | ž | 1 . | _ | | | | | | | | | | | | | | | | _ | | - | | <u> </u> | 777 |
| | | | | | | | | | | | | | yn 20 | | | | | | | - 21 | <u>—</u> | Form | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

47-0769529

USA TRACK & FIELD, INC DBA NEBRASKA ASSOCIATION USATF Form 990-EZ (2017)

Page 2

| Pε | art II Balance Sheets (see the instructions for Par | | | | | |
|--|---|--|--|--|--|--|
| | Check if the organization used Schedule O to | respond to any ques | | | | |
| | | | (A) Beginning of year | <u> </u> | (B) E | nd of year |
| 22 | Cash, savings, and investments | | 52,774 | | | 57,777. |
| 23 | Land and buildings | | | 23 | | |
| 24 | Other assets (describe in Schedule 0) | | | 24 | | |
| 25 | Total assets | | 52,774 | _ | | 57,777. |
| 26 | Total liabilities (describe in Schedule 0) | | 0 | - | | <u> </u> |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line | | 52,774 | • 27 | | 57,777. |
| | Int III Statement of Program Service Accomplish | | | - I | | openses for section |
| 1A/ho | Check if the organization used Schedule O to t is the organization's primary exempt purpose? SEE SCHEDUL | | tion in this Part III | | 501(c)(3) | and 501(c)(4) |
| | | | | | organization | ons; optional for |
| mann | ribe the organization's program service accomplishments for each of its three largest p er, describe the services provided, the number of persons benefited, and other relevar | rogram services, as measured by ex nt information for each program title. | penses, in a clear and concise | | | |
| 28 | SEE SCHEDULE O | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | <u></u> | - | | |
| • | | | | - | | |
| | (Grants \$) If this amount includes for | reign grants, check here | <u> </u> | | 28a | |
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount includes for | eign grants, check here |) | | 29a | |
| 30 | | | |] | | |
| | | | | | | 1 |
| | | | | | | |
| | (Grants \$) If this amount includes for | | | <u> </u> | 30a | |
| | Other program services (describe in Schedule O) | | | | | |
| 1 | (Grants \$) If this amount includes for | eign grants, check here | | | 31a | |
| | T-1-1 | | | | oni | |
| | Total program service expenses (add lines 28a through 31a) | ev Employees (list cook | one over if not compensated - | | 32 | or Port NA |
| | Int IV List of Officers, Directors, Trustees, and K | ey Employees (list each | one even if not compensated - s | | | for Part IV) |
| | | ey Employees (list each prespond to any ques | one even if not compensated - s tion in this Part IV | ee the i | nstructions f | or Part IV) |
| | Int IV List of Officers, Directors, Trustees, and K | (ey Employees (list each prespond to any ques (b) Average hours per week devoted to | tion in this Part IV (c) Reportable compensation (Forms W-2/1/199_MISC) | (d) Heal | nstructions f | (e) Estimated amount of other |
| | Check if the organization used Schedule O to | Ley Employees (list each or respond to any ques (b) Average hours | tion in this Part IV (c) Reportable compensation (Forms W-2/1/199_MISC) | (d) Heal contrib | nstructions f | (e) Estimated |
| Pa SC | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT | (ey Employees (list each prespond to any ques (b) Average hours per week devoted to | tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Heal contrib | nstructions f ith benefits, outions to ree benefit nd deferred | (e) Estimated amount of other |
| SC PR | Int IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT | (ey Employees (list each prespond to any ques (b) Average hours per week devoted to | tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Heal contrib | nstructions f ith benefits, outions to ree benefit nd deferred | (e) Estimated amount of other |
| SC PR RI | Int IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH | (ey Employees (list each prespond to any ques (b) Average hours per week devoted to position | tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter-0-) | (d) Heal contrib | nstructions f th benefits, outions to ree benefit nd deferred ensation | (e) Estimated amount of other compensation |
| SC PR RI VI | Int IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT | (ey Employees (list each prespond to any ques (b) Average hours per week devoted to position | tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter-0-) | (d) Heal contrib | nstructions f th benefits, outions to ree benefit nd deferred ensation | (e) Estimated amount of other compensation |
| SC PR RI VI SU | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE | (ey Employees (list each or respond to any ques (b) Average hours per week devoted to position 2.00 | tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Heal contrib | th benefits, outlons to vee benefit and deferred ensation | (e) Estimated amount of other compensation 0 • |
| SC PR RI VI SU SE | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY | (ey Employees (list each prespond to any ques (b) Average hours per week devoted to position | tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Heal contrib | ith benefits, butions to vee benefit and deferred ensation | (e) Estimated amount of other compensation |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contrib | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY | (ey Employees (list each or respond to any ques (b) Average hours per week devoted to position 2.00 | tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Heal contrib | th benefits, outlons to vee benefit and deferred ensation | (e) Estimated amount of other compensation 0 • |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contrib | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contrib | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contrib | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Heal contribe employ plans, a | nstructions f | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Head contribution of the contribution of t | nstructions for the tension of the t | (e) Estimated amount of other compensation 0 . 0 . |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Head contribution of the contribution of t | nstructions for the benefits, sutions to the benefits, sutions to the benefit of deferred ensation. | (e) Estimated amount of other compensation 0. 0. 0. |
| SC PR RI VI SU SE JI | Check if the organization used Schedule O to (a) Name and title OT RAINBOLT ESIDENT CHARD SMITH CE PRESIDENT ZIE PIERCE CRETARY M CLARK | (b) Average hours per week devoted to position 2.00 2.00 | one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-) 0. | (d) Head contribution of the contribution of t | nstructions for the benefits, sutions to the benefits, sutions to the benefit of | (e) Estimated amount of other compensation 0. 0. 0. |

Form **990-EZ** (2017)

DBA NEBRASKA ASSOCIATION USATF

Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V 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 | l l | | |
| | activity in Schedule O | 33 | + | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | ł | - T |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | + | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those in the control of the co | | | x |
| | 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 | | 147 | - |
| 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 requirements during the year? If "Yes," complete Schedule C, Part III | | | х |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | ' | |
| 30 | complete applicable parts of Schedule N | 36 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 0. | 1,501 | 62433 |
| | Did the organization file Form 1120-POL for this year? | 371 | b laseras | X |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | 3 3726 | 5/25/50 |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | 38 | a | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A | | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| а | 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 | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ▶ 0 • ; section 4912 ▶ ; section 4955 ▶ | <u>0.</u> | | |
| þ | 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 | | | X |
| | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | 0. | | |
| A | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed | _ | | |
| u | by the organization | 0. | | |
| 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 |) PARENEAU | X |
| 41 | List the states with which a copy of this return is filed NE | | | |
| 42a | The organization's books are in care of ►THE ORGANIZATION Telephone no. ► 4 | | | |
| | Located at ► 22530 S BANNER RD, GOTHENBURG, NE ZIP | •4 ► <u>691</u> | 38 | |
| 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 |) 20 WSSEAWS | 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 (FBAF | 21161041 | \$ 1.5 d.d | Ų. |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? | 420 | ; <u> </u> | X |
| 40 | 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 | | | |
| 43 | and enter the amount of tax-exempt interest received or accrued during the tax year | | ► A | ш |
| | and effect the amount of tax-exempt interest received of accided during the tax year | 1 11/2 | - | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | 1200 |
| | Form 990-EZ | 448 | 1 | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | 26.5 | | |
| | of Form 990-EZ | 441 |) | X |
| C | Did the organization receive any payments for indoor tanning services during the year? | 440 | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | | | |
| | in Schedule O | 440 | 1 | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 458 | 3 | 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) | | | 1000 |
| | | Form | 990-EZ | (2017) |
| 7321 | 73 11-22-17 | i ilkala |] 😭 | |

| Form 990-EZ (2 | 2017) DBA NEBRASKA A | SSOCIATION U | JSATF | | | 47-07695 | 29 | Page 4 |
|------------------|--|--------------------------------|-----------------|------------------|--|--|------------------|-------------------|
| | | | | | | | Ye | s No |
| 6 Did the or | rganization engage, directly or indirectly, in p | olitical campaign activities | on behalf of | or in opposition | on to candidates for pu | ublic office? | | |
| | omplete Schedule C, Part I | | | | | | 46 | X |
| | Section 501(c)(3) organization | | - | | | | | |
| | All section 501(c)(3) organizations must | t answer questions 47-4 | 19b and 52, | and comple | te the tables for line | es 50 and 51. | | |
| | Check if the organization used Schedu | | | | | | | يا |
| | | | | _ | | | Ye | |
| 7 Did the or | rganization engage in lobbying activities or h | ave a section 501(h) electi | ion in effect d | uring the tax y | ear? If "Yes," complete | e Sch. C, Part II | 47 | X |
| 3 Is the org | panization a school as described in section 17 | 70(b)(1)(A)(ii)? If "Yes," co | mplete Sche | dule E | | | 48 | X |
| 9a Did the or | rganization make any transfers to an exempt | non-charitable related org | anization? | | | | 49a | X |
| | vas the related organization a section 527 org | | | | | | 49b | |
| O Complete | this table for the organization's five highest | compensated employees (| other than of | ificers, directo | rs, trustees, and key e | mployees) who ea | ch receive | d more |
| than \$100 | 0,000 of compensation from the organization | n. If there is none, enter "No | one." | | | | | |
| | (a) Name and title of each employe | е | (b) Aver | age hours | (C) Reportable | (d) Health benefits, contributions to | (e) Esti | |
| | | | • | devoted to | compensation (Forms W-2/1099-MISC) | employee benefit plans, and deferred | amount | |
| | NO | NE [| po | sition | _ | compensation | comper | ISATION |
| | | | | | | | | |
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| | ion. If there is none, enter "None." NO lame and business address of each independent | dent contractor | | (b |) Type of service | (c) C | ompensati | ion |
| | | | | | | | | |
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| | | | | | | | | |
| | nber of other independent contractors each r | - · · · | _ | | > | | | |
| | rganization complete Schedule A? Note: All s d Schedule A | | | | | > 🗵 | il vea | No |
| | d Schedule As of perjury, I declare that I have examined th | | | | | | | |
| | nd complete. Declaration of preparer (other) | | | | | | , and Doll | υ1 , 1ι ΙΟ |
| 20, 0011 001, 41 | and somprove beganing of preparer (other) | inan object) is based oil all | ormauon | or winou breho | and has any anowiday | | '/ - ā | 7~/ 1 |
| ign | Signature of or | | | | | Date / | <u> </u> | 301 |
| iere | JLA CLARK, TREASUR | ER | | | | | | |
| | Print/Type preparer's name | Preparer's signature | | Date | Check | if PTIN | | |
| | | May 1 V | 1 | | self- emplo | - ' (| | |
| aid | GREGORY A. JOHNSON | GREGORY A. | TOFNS | ON10/3 | , | · I | 3961 | 5 |
| reparer | Firm's name HAYES & ASS | | | <u> </u> | | ▶ 47-071 | | |
| se Only | Firm's address ► 1015 NORTH | | | ITE 20 | | | | <u></u> |
| | OMAHA, NE | | ., 50 | | Filone no. | . 402 330 | 240 | |
| av the IDC di | scuss this return with the preparer shown ab | | | | | N Y | Yes | No |
| ay ano into us | acces and return with the preparer shown an | over ose manuonoma | | | ······································ | | | |
| | | | | | | en e | rm/ 990-E | THE |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Name of the organization

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.

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

USA TRACK & FIELD, INC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-0769529 DBA NEBRASKA ASSOCIATION USATF Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 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 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 II, Type III 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 listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (II) EIN i your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 DBA NEBRASKA ASSOCIATION USATF 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.)

| Caleadry yar (of fixed year beginning in) | Se | ction A. Public Support | | | <u> </u> | | | |
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| I Gits, grants, contributions, and membership fees modived, (0p not include any "unusual grants,") 2 Tax revenues levied for the organization included on its behalf or expended on its expended on | _ | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
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| 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 0r 17b, check this box and see instructions | | or loss from the sale of capital | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | assets (Explain in Part VI.) | | | | | | |
| First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 3 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 11 | Total support. Add lines 7 through 10 | | | | | | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 12 | Gross receipts from related activities | , etc. (see instructi | ons) | | | 12 | _ |
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| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | stop here. The organization qualifies | as a publicly supp | orted organization | າ | | | ▶∟ |
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| and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | and stop here. The organization qua | lifies as a publicly | supported organiz | ation | | | ▶□ |
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| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | and if the organization meets the "fac | cts-and-circumstan | ices" test, check t | his box and stop h | ere. Explain in Pa | rt VI how the organi | zation |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | publicly supported | d organization | | ▶└ |
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| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | more, and if the organization meets t | he "facts-and-circu | ımstances" test, c | heck this box and | stop here. Explair | n in Part VI how the | |
| | | • | | - | | | *************************************** | |
| Schadula A (Form 990 or 990-F7) 2017 | 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | | | |

Schedule A (Form 990 or 990-EZ) 2017 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Q | qualify under the tests listed be | elow, please comp | olete Part II.) | | | | | |
|-----|--|------------------------------|--|----------------------------|---------------------|--------------------|-----------------------|--|
| | tion A. Public Support | | | | | | T | |
| | ndar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| | Gifts, grants, contributions, and | } | ł | ł | | } | | |
| | membership fees received. (Do not | | | | | 05 = 55 | 405 054 | |
| | include any "unusual grants.") | 26,808. | 24,485. | 23,875. | 23,994. | 26,762 | 125,924. | |
| | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | 11,844 | 11,844. | |
| 3 | Gross receipts from activities that | | | | , | | | |
| | are not an unrelated trade or bus- | | İ | ĺ | I | 1 | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | | |
| | The value of services or facilities furnished by a governmental unit to | | | i | | | | |
| | the organization without charge | 26 909 | 24 405 | 22 075 | 23,994. | 38,606 | 137,768. | |
| | Total. Add lines 1 through 5 | 26,808. | 24,485. | 23,875. | 43,994. | 30,000 | 13/,/00. | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. | |
| | 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. | |
| | | | 30.00 | | | | 137,768. | |
| Sec | Public support. (Subtract line 7c from line 6.) tion B. Total Support | | | | | | 12///00. | |
| | | (=) 0040 | (h) 004.4 | (a) 0015 | (d) 0016 | (0) 0017 | (6) Total | |
| | ndar year (or fiscal year beginning in) | (a) 2013 26,808. | (b) 2014 24, 485. | (c) 2015 23,875. | (d) 2016 23,994. | (e) 2017 38,606 | (f) Total 137,768. | |
| | Amounts from line 6 | 40,000. | 44,400. | 43,013. | 43,334. | 20,000 | 137,700. | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 15. | 5. | | | | 20. | |
| | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | ŀ | ì | | 1 | 1 | |
| | acquired after June 30, 1975 | | | | | | | |
| | 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 | 13. | | | | | 200 | |
| | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | 4,505 | 4,505. | |
| 13 | assets (Explain in Part VI.) | 26,823. | 24,490. | 23,875. | 23,994. | 43,111 | 142,293. | |
| | First five years. If the Form 990 is for | | | | | | | |
| 0 | check this box and stop here | | ······································ | <u></u> | | <u></u> | | |
| | tion C. Computation of Publ | | | | | | 06.00 | |
| | Public support percentage for 2017 (li | | | olumn (f)) | | 15 | 96.82 % | |
| | Public support percentage from 2016 | | | <u></u> | | 16 | 99.98 % | |
| Sec | tion D. Computation of Inves | stment Income | e Percentage | | | | | |
| 17 | Investment income percentage for 20 | 1 17 (line 10c, colum | nn (f) divided by lin | e 13, column (f)) | | 17 | .01 % | |
| 18 | 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | | | | | | | |
| 19a | 33 1/3% support tests - 2017. If the | organization did n | | | | 33 1/3%, and line | 17 is not | |
| | more than 33 1/3%, check this box ar | | | | | | ►X | |
| | 33 1/3% support tests - 2016. If the | | - | · · | | | | |
| | line 18 is not more than 33 1/3%, che | • | | • | | | | |
| | Private foundation. If the organization | | _ | | | _ | , , | |
| | 3 10-06-17 | onoon a | | , <u> 100, 0110011 111</u> | | | 0 or 990-EZ) 2017 | |

Part IV Supporting Organizations

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

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 12a or 12b 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 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 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.)

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USA TRACK & FIELD, INC Schedule A (Form 990 or 990-EZ) 2017 DBA NEBRASKA ASSOCIATION USATF 47-0769529 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b b A family member of a person described in (a) above? 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 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. 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, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No 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? 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 yea(see instructions). 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 instructions). 2 Activities Test. Answer (a) and (b) below. Yes No 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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

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3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

Schedule A (Form 990 or 990-EZ) 2017 DBA NEBRASKA ASSOCIATION USATF

| Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions, other Type III non-functionally integrated supporting organizations must complete Sections A through E. | Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | g Org | anizations | |
|--|------|--|------------|--------------------------------|-----------------------------|
| Section A - Adjusted Net Income (A) Prior Year (b) Floor Year (c) Optional) 1 Net short-term capital gain 1 1 2 Recoveries of prior year distributions 2 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 maintenance of property held for production of maintenance of property held for production of income (see instructions) 7 Other expresses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 9 Average monthly cash balances 1 Development of tax year or assets held for part of year): 9 Average monthly cash balances 1 Development of the part of the part of year): 1 Aggregate fair market value of other non-exempt-use assets 1 Development of the part of the part of year): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1 development of year (see instructions) 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum asset amount for prior year (from Section B, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtra | 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust c | n Nov. 20, 1970 (explain in Pa | rt VI.) See instructions. A |
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| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of other non-exempt-use assets c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets to d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line B, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | Sect | ion B - Minimum Asset Amount | | (A) Prior Year | |
| instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets to d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line B, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 As Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | | | | | |
| b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) d Total (add lines 1a, 1b, and 1c) d Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1 2 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | а | | 1a | | |
| c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoverles of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to energency temporary reduction (see instructions) 6 | | | 1b | | |
| d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1 d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Sectioh B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Instributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | | | 1c | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoverles of prior-year distributions 7 Recoverles of prior-year distributions 7 Recoverles of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | | | 1d | | |
| 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 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Necoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | | | | | |
| 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoverles of prior-year distributions 7 Recoverles of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | | factors (explain in detail in Part VI): | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Cash deemed held for exempt use. Enter 1-1/2% of line 3 from line 4, unless subject to emergency temporary reduction (see instructions) | 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoverles of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Income tax importance in the form line 4 income subject to emergency temporary reduction (see instructions) | 3 | Subtract line 2 from line 1d | 3 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoverles of prior-year distributions 7 Nonimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| 6 Multiply line 5 by .035 7 Recoverles of prior-year distributions 7 Recoverles of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Inter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | | see instructions) | 4 | | |
| 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5_ | | |
| 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 6 | Multiply line 5 by .035 | 6 | | |
| Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Current Year Current Year | 7 | Recoveries of prior-year distributions | 7 | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | Sect | ion C - Distributable Amount | | | Current Year |
| 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 2 | | 2 | | |
| 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 3 | | 3 | | |
| 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 | 4 | | 4 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 6 | 5 | | 5 | | |
| emergency temporary reduction (see instructions) 6 | 6 | | | | |
| | | | 6 | | |
| | 7 | | lly intear | ated Type III supporting organ | nization (see |

Schedule A (Form 990 or 990-EZ) 2017



Schedule A (Form 990 or 990 EZ) 2017 DBA NEBRASKA ASSOCIATION USATF

| Par | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | | | | | |
|----------|---|--------------------------------|--|-------------------------------------|--|--|--|--|
| Secti | ion D - Distributions | | | Current Year | | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | | | | | |
| | organizations, in excess of income from activity | | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | ns | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsive | e | | | | | |
| | (provide details in Part VI). See instructions. | | | | | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 | | | | |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | | | | | |
| | able cause required- explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | | | | |
| a | | | | | | | | |
| b | From 2013 | | | | | | | |
| С | From 2014 | | | | | | | |
| d | From 2015 | | | | | | | |
| е | From 2016 | | | | | | | |
| f | Total of lines 3a through e | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | |
| <u>h</u> | Applied to 2017 distributable amount | | | | | | | |
| <u>i</u> | Carryover from 2012 not applied (see instructions) | | | | | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | |
| 4 | Distributions for 2017 from Section D, | | | | | | | |
| | line 7: \$ | | | | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | | | | |
| b | Applied to 2017 distributable amount | | | | | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | |
| | Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | | | | | |
| | and 4c. | | | | | | | |
| 8_ | 8 Breakdown of line 7: | | | | | | | |
| a | Excess from 2013 | | | | | | | |
| b | Excess from 2014 | | | | | | | |
| c | Excess from 2015 | | | | | | | |
| d | Excess from 2016 | | | | | | | |
| e | Excess from 2017 | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017



USA TRACK & FIELD, INC

| Schedule A | (Form 990 or 990-E | Z) 2017 DBA | NEBRASKA | ASSOCIATION | USATF | 47-0769529 Page 8 |
|------------|-------------------------------------|---|---|--|--|--|
| | Supplemental Part IV. Section A. | Information lines 1, 2, 3b, 3 tion D, lines 2 ar 6, and 8; and P | Provide the exp | lanations required by Pa a. 9b. 9c. 11a. 11b. and | rt II, line 10; Part II, line 17 11c: Part IV. Section B. lir | 7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, ditional information. |
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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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

USA TRACK & FIELD, INC

DBA NEBRASKA ASSOCIATION USATF

Employer identification number 47-0769529

| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
|--|------------------|
| REIMBURSED EXPENSES | 4,505. |
| | |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: | |
| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
| YOUTH BANQUET | 4,635. |
| BANK CARD PROCESSING FEES | 3,950. |
| REGISTRATION FEES | 2,915. |
| ANNUAL MEETING EXPENSE | 13,000. |
| REFUNDS | 45. |
| PROGRAM EXPENSES | 2,588. |
| DUES | 25. |
| NATIONAL CERTIFICATION | 2,250. |
| PROFESSIONAL FEES | 615. |
| WEBSITE EXPENSE | 1,000. |
| STIPENDS | 6,037. |
| REPAIRS | 238. |
| MISC EXPENSE | 354. |
| MILEAGE REIMBURSEMENT | 56. |
| TIMING EQUIPMENT | 100. |
| TOTAL TO FORM 990-EZ, LINE 16 | 37,808. |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTIN | IG ATHLETICS AND |
| ATHLETES BY CONDUCTING COMPETITIONS AND OTHER EVENTS, AN | ID BY |

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 |
|---|---|
| Name of the organization USA TRACK & FIELD, INC DBA NEBRASKA ASSOCIATION USATF | Employer identification number 47-0769529 |
| TO GENERATE PUBLIC AWARENESS, APPRECIATION, CREATING OPPO | RTUNITIES FOR |
| ATHLETES AND ATHLETICS EVENTS. | |
| | |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS ATHLETE SUPPORT DEVELOPMENT: PROVIDES DEVELOPMENTAL | HMENTS: |
| 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 BENEF | TIT CONTRACTS: |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU | NDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT | |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI | UMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. | |
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Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or USA TRACK & FIELD, INC print 47-0769529 DBA NEBRASKA ASSOCIATION USATF File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 22530 S BANNER RD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. GOTHENBURG, NE 69138 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF **04** Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION • The books are in the care of ▶ 22530 S BANNER RD - GOTHENBURG, NE 69138 Telephone No. ► 402-852-2616 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _. If this is for the whole group, check this box 🕨 ... If it is for part of the group, check this box 🕨 ... and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Final return ☐ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

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Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment