

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	USA TRACK & FIELD, INC.		35-1475847	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
132 EAST WASHINGTON STREET 800		317-713-4681		
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
INDIANAPOLIS, IN 46204		19,536,146.		
F Name and address of principal officer: MAX SIEGEL		H(a) Is this a group return		
SAME AS C ABOVE		for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
J Website: WWW.USATF.ORG		If "No," attach a list. (see instructions)		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number 5062		
		L Year of formation: 1979 M State of legal domicile: IN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: USA TRACK & FIELD DRIVES COMPETITIVE EXCELLENCE AND POPULAR ENGAGEMENT IN THE SPORT OF TRACK	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	85
	6 Total number of volunteers (estimate if necessary)	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	-15,188.

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	98,653.
9 Program service revenue (Part VIII, line 2g)	21,096,041.	17,247,593.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,837.	7,136.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	645,939.	190,769.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,853,470.	17,655,949.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	475,792.	369,521.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,454,200.	5,143,939.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,561,913.	12,984,280.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,491,905.	18,497,740.	
19 Revenue less expenses. Subtract line 18 from line 12	1,361,565.	-841,791.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	8,897,392.
21 Total liabilities (Part X, line 26)	3,912,934.	4,999,545.	
22 Net assets or fund balances. Subtract line 21 from line 20	4,984,458.	4,322,793.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	MAX SIEGEL, CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RT MURPHY		
Paid Preparer Use Only	Firm's name	Firm's EIN	PTIN
	CLIFTONLARSONALLEN LLP	41-0746749	P00843752
Paid Preparer Use Only	Firm's address	Phone no. (317) 574-9100	
	9339 PRIORITY WAY W DR #200 INDIANAPOLIS, IN 46240		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: USA TRACK & FIELD DRIVES COMPETITIVE EXCELLENCE AND POPULAR ENGAGEMENT IN THE SPORT OF TRACK AND FIELD, LONG DISTANCE RUNNING AND RACE WALKING. THE MISSION OF USA TRACK & FIELD IS TO FOSTER SUSTAINED COMPETITIVE EXCELLENCE IN ELITE ATHLETES REPRESENTING THE UNITED STATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,964,661. including grants of \$) (Revenue \$ 1,089,510.) ELITE ATHLETE COMPETITIONS: PROVIDE DOMESTIC AND INTERNATIONAL COMPETITIVE OPPORTUNITIES FOR AMERICAN ELITE TRACK AND FIELD ATHLETES. STAGE MORE THAN 100 NATIONAL CHAMPIONSHIPS ACROSS ALL DISCIPLINES OF OUR SPORT IN THE UNITED STATES. STAGE 5-10 DOMESTIC NON-CHAMPIONSHIP ELITE TRACK AND FIELD COMPETITIONS. FIELD ELITE TEAMS TO REPRESENT THE UNITED STATES IN APPROXIMATELY 20 INTERNATIONAL COMPETITIONS, INCLUDING WORLD CHAMPIONSHIP AND OLYMPIC EVENTS. PROVIDE COMPETITIVE OPPORTUNITIES AND RELATED TRAVEL AND HOUSING TO APPROXIMATELY 500 ELITE TRACK AND FIELD ATHLETES. THE OBJECTIVE OF COMPETITIVE OPPORTUNITIES IS TO PROVIDE COMPETITIVE TRAINING FOR OUR ATHLETES AND INCREASE THE VISIBILITY FOR THE SPORT TO THE GENERAL PUBLIC. FULFILLS ALL FIVE OF USATF'S STATED PURPOSES AS STATED IN THE BYLAWS: DEVELOPMENT,

4b (Code:) (Expenses \$ 3,543,976. including grants of \$ 369,521.) (Revenue \$ 2,882,483.) ATHLETE SUPPORT AND DEVELOPMENT: PROVIDES DEVELOPMENTAL SUPPORT TO MORE THAN 10,000 DEVELOPING AND EMERGING ELITE ATHLETES THROUGH A VARIETY OF PROGRAMS: DEVELOPMENTAL COMPETITIVE OPPORTUNITIES AT APPROXIMATELY 10 EVENTS; DIRECT SUPPORT TO 95 COACHES COACHING 130 OF THE MOST ELITE ATHLETES; COACHING EDUCATION PROGRAMS FOR ALL DISCIPLINES ONLINE AND AT NEARLY 50 IN-PERSON SESSIONS REACHING HUNDREDS OF COACHES; SPORT SCIENCE AND MEDICINE STUDIES CONDUCTED AND SHARED THROUGHOUT THE TRACK AND FIELD COMMUNITY; ANTI-DOPING EDUCATION AND TESTING SUPPORT FOR ATHLETES; AND ANTI-DOPING AND HEALTHY LIFESTYLE COMMUNITY OUTREACH REACHING TENS OF THOUSANDS OF CHILDREN IN THEIR SCHOOLS. THE OBJECTIVE OF THESE PROGRAMS IS TO CONTINUALLY IDENTIFY, EDUCATE AND DEVELOP ATHLETES FROM YOUTH THROUGH THEIR GROWTH AND

4c (Code:) (Expenses \$ 1,568,001. including grants of \$) (Revenue \$ 1,395,787.) GRASS ROOTS AND MEMBER-BASED PROGRAMS: USATF HAS MORE THAN 120,000 MEMBERS SERVED THROUGH A VARIETY OF PROGRAMS. MEMBERSHIP FULFILLMENT INCLUDES SPORT ACCIDENT INSURANCE, MEMBERSHIP PUBLICATIONS, MEMBERSHIP CARDS, RETAILER DISCOUNTS AND OTHER BENEFITS. OUR SANCTION PROGRAM PROVIDES LIABILITY INSURANCE TO NEARLY 7,000 EVENTS WITH MORE THAN 4,000,000 PARTICIPANTS OF ALL AGES AND ABILITIES. OUR ANNUAL MEETING PROVIDES MEMBERSHIP AN OPPORTUNITY TO STRATEGIZE FOR THE CONTINUED SUCCESS OF THE SPORT, PLAN OUR VOLUNTEER-BASED PROGRAMS AND VOTE ON CERTAIN ORGANIZATIONAL CHANGES. GRASS ROOTS PROGRAMS INCLUDE SUPPORT OF TRAINING AND COMPETITION FOR THOUSANDS OF YOUTH THROUGH OUR JUNIOR OLYMPIC AND YOUTH ATHLETICS TRACK AND FIELD MEET SERIES. GRASS ROOTS ALSO ENCOMPASSES SUPPORT FOR TRAINING, DEVELOPMENT, MARKETING AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,589,606. including grants of \$) (Revenue \$ 11,987,839.)

4e Total program service expenses 15,666,244.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	15		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HOPE TRIBBLE - 317-261-0500**
132 EAST WASHINGTON STREET, SUITE 800, INDIANAPOLIS, IN 46204

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHANIE HIGHTOWER PRESIDENT AND CHAIRWOMAN	5.00	X		X				0.	0.	0.
(2) STEVE MILLER VICE-CHAIRMAN	5.00	X		X				0.	0.	0.
(3) KENNETH TAYLOR TREASURER	5.00	X		X				0.	0.	0.
(4) WILLIE BANKS BOARD MEMBER	5.00	X						0.	0.	0.
(5) EVIE DENNIS BOARD MEMBER	5.00	X						0.	0.	0.
(6) ROBERT HERSH BOARD MEMBER	5.00	X						0.	0.	0.
(7) DEENA KASTOR BOARD MEMBER	5.00	X						0.	0.	0.
(8) JACKIE JOYNER-KERSEE BOARD MEMBER	5.00	X						0.	0.	0.
(9) EVE WRIGHT BOARD MEMBER	5.00	X						0.	0.	0.
(10) MICKEY CARTER BOARD MEMBER	5.00	X						0.	0.	0.
(11) DARLENE HICKMAN SECRETARY (NON-VOTING)	5.00	X		X				0.	0.	0.
(12) FRED FINKE BOARD MEMBER	5.00	X						0.	0.	0.
(13) BECKY OAKES BOARD MEMBER	5.00	X						0.	0.	0.
(14) DARVIS PATTON BOARD MEMBER	5.00	X						0.	0.	0.
(15) HYLEAS FOUNTAIN BOARD MEMBER (BEG 12/13)	5.00	X						0.	0.	0.
(16) KENNETH FERGUSON BOARD MEMBER (BEG 6/13)	5.00	X						0.	0.	0.
(17) NORMAN WAIN GENERAL COUNSEL	40.00				X			162,753.	0.	27,050.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JILL GEER CHIEF COMMUNICATIONS OFFICER	40.00				X			162,960.	0.	22,425.
(19) MAX SIEGEL CEO	40.00				X			640,759.	0.	36,418.
(20) RENEE WASHINGTON COO	40.00				X			193,571.	0.	13,618.
(21) BENITA MOSLEY CHIEF OF SPORT PERFORMANCE (FORMER)	40.00						X	159,848.	0.	23,182.
1b Sub-total								1,319,891.	0.	122,693.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,319,891.	0.	122,693.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	210,451.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		210,451.				
	Program Service Revenue	2 a <u>MARKETING PARTNER SUPPORT</u>	Business Code 813990	9,947,023.	9,947,023.		
b <u>UNITED STATES OLYMPIC COMMITTEE S</u>		813990	2,882,483.	2,882,483.			
c <u>SANCTION FEES</u>		524298	1,704,364.	1,704,364.			
d <u>MEMBERSHIP FEES</u>		813990	1,395,787.	1,395,787.			
e <u>EVENT RIGHTS, ENTRIES, TICKETS</u>		711219	1,089,510.	1,089,510.			
f All other program service revenue		900099	228,426.	228,426.			
g Total. Add lines 2a-2f			17,247,593.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		74,219.			74,219.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		15,660.			15,660.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		67,083.			
		c Gain or (loss)		-67,083.			
	d Net gain or (loss)		-67,083.	-67,083.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	1,703,080.					
	b Less: cost of goods sold	b	1,813,114.				
	c Net income or (loss) from sales of inventory		-110,034.	-110,034.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	285,143.	285,143.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			285,143.			
12 Total revenue. See instructions.			17,655,949.	17,355,619.	0.	89,879.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	127,000.	127,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	242,521.	242,521.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,160,043.	951,461.	208,582.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,211,811.	2,596,630.	615,181.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	565,485.	428,383.	137,102.	
10 Payroll taxes	206,600.	163,685.	42,915.	
11 Fees for services (non-employees):				
a Management				
b Legal	191,837.	140,700.	51,137.	
c Accounting	78,782.		78,782.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	417,757.	417,757.		
12 Advertising and promotion	69,826.	69,826.		
13 Office expenses	740,418.	256,016.	484,402.	
14 Information technology	185,269.	129,584.	55,685.	
15 Royalties				
16 Occupancy	218,296.	68,663.	149,633.	
17 Travel	3,839,192.	3,593,405.	245,787.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	477,544.	477,544.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,377.	9,460.	35,917.	
23 Insurance	915,141.	852,531.	62,610.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEVISION	2,400,711.	2,400,711.		
b EVENTS	1,480,272.	1,008,855.	471,417.	
c MISCELLANEOUS	1,241,448.	1,049,102.	192,346.	
d PRIZE MONEY	682,410.	682,410.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	18,497,740.	15,666,244.	2,831,496.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,112,854.	1	1,971,374.	
	2 Savings and temporary cash investments	4,000,180.	2	1,738,509.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,078,751.	4	417,541.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	997,977.	8	815,090.	
	9 Prepaid expenses and deferred charges	550,072.	9	639,378.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 590,859.			
	b Less: accumulated depreciation	10b 382,002.	157,558.	10c 208,857.	
	11 Investments - publicly traded securities		11	3,531,589.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,897,392.	16	9,322,338.		
Liabilities	17 Accounts payable and accrued expenses	1,695,598.	17	2,517,225.	
	18 Grants payable		18		
	19 Deferred revenue	2,217,336.	19	2,482,320.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	3,912,934.	26	4,999,545.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,922,240.	27	4,085,575.	
	28 Temporarily restricted net assets	62,218.	28	237,218.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	4,984,458.	33	4,322,793.		
34 Total liabilities and net assets/fund balances	8,897,392.	34	9,322,338.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,655,949.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,497,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	-841,791.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,984,458.
5	Net unrealized gains (losses) on investments	5	180,126.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,322,793.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization USA TRACK & FIELD, INC.	Employer identification number 35-1475847
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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		<input type="checkbox"/>
b 33 1/3% support test - 2012. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,069,327.	4,490,342.	4,421,406.	4,565,589.	4,488,721.	21,035,385.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,519,772.	14,029,418.	13,923,869.	16,365,952.	12,740,897.	66,579,908.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	209,632.	163,882.	188,510.	263,153.	228,426.	1,053,603.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	12,798,731.	18,683,642.	18,533,785.	21,194,694.	17,458,044.	88,668,896.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						88,668,896.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	12,798,731.	18,683,642.	18,533,785.	21,194,694.	17,458,044.	88,668,896.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,402.	32,213.	47,465.	50,850.	89,879.	288,809.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	68,402.	32,213.	47,465.	50,850.	89,879.	288,809.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	53,376.	-211.	-40,223.			12,942.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	66,933.	294,045.	98,699.	493,125.	402,278.	1,355,080.
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,987,442.	19,009,689.	18,639,726.	21,738,669.	17,950,201.	90,325,727.

14 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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.17 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.32 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.40 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

USA TRACK & FIELD, INC.

Employer identification number

35-1475847

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations

	Yes	No
3a(i)		
3a(ii)		
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		146,552.	32,247.	114,305.
d Equipment		114,918.	114,918.	0.
e Other		329,389.	234,837.	94,552.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				208,857.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	19,766,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	180,126.	
b	Donated services and use of facilities	2b	117,135.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,813,114.	
e	Add lines 2a through 2d	2e		2,110,375.
3	Subtract line 2e from line 1	3		17,655,949.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		17,655,949.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	20,427,989.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	117,135.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,813,114.	
e	Add lines 2a through 2d	2e		1,930,249.
3	Subtract line 2e from line 1	3		18,497,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		18,497,740.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY USATF AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF USATF HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY USATF, AND HAS CONCLUDED THAT AT DECEMBER 31, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR A DISCLOSURE IN THE FINANCIAL STATEMENTS. THE US FEDERAL AND STATE INCOME TAX RETURNS OF USATF ARE SUBJECT TO EXAMINATION BY THE IRS AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. FILINGS FOR TAX RETURNS FILED FOR THE YEARS ENDING

Part XIII Supplemental Information *(continued)*

AFTER 2009 ARE STILL SUBJECT TO EXAMINATION AS OF DECEMBER 31, 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS INCLUDED IN REVENUE FOR FORM 990, BUT INCLUDED IN
EXPENSE ON AUDITED FS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS INCLUDED IN REVENUE FOR FORM 990, BUT INCLUDED IN
EXPENSE ON AUDITED FS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization **USA TRACK & FIELD, INC.** Employer identification number **35-1475847**

Part I **General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAR ATHLETICS T.C., INC. 1243 SELBYDON WAY WINTRE GARDEN, FL 34787	80-0700747		25,000.	0.	FMV		PROVIDE A HIGH PERFORMANCE TRAINING CENTER FOR ATHLETES.
HSINTERNATIONAL 9871 IRVINE CENTER DRIVE IRVINE, CA 92618	55-0803943		25,000.	0.	FMV		PROVIDE A HIGH PERFORMANCE TRAINING CENTER FOR ATHLETES
TOP OF THE PODIUM, LLC 405 HILGARD LOS ANGELES, CA 90050	27-4551135		25,000.	0.	FMV		PROVIDE A HIGH PERFORMANCE TRAINING CENTER FOR ATHLETES.
BRIGHAM YOUNG UNIVERSITY A-153 ASB PROVO, UT 84602-1128	87-0217280		7,000.	0.	FMV		PROVIDE A HIGH PERFORMANCE TRAINING CENTER FOR ATHLETES.
GEORGIA TRACK CLUB 754 PEACHTREE ST. NE, STE 105 ATLANTA, GA 30308	46-2264216		20,000.	0.	FMV		PROVIDE A HIGH PERFORMANCE TRAINING CENTER FOR ATHLETES.
STRATTON SPEED, LLC 2211 HUNTER VIEW DR. ARLINGTON, TX 76013	80-0892066		25,000.	0.	FMV		PROVIDE A HIGH PERFORMANCE TRAINING CENTER FOR ATHLETES.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDE A HIGH PERFORMANCE TRAINING CENTER FOR ATHLETES.	1	0.	25,000.	FMV	
ELITE ATHLETE TRAINING SUPPORT.	126	0.	217,521.	FMV	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **USA TRACK & FIELD, INC.** Employer identification number **35-1475847**

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	X	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
	X	
	X	
	X	
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
	X	
	X	
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
	X	
	X	
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NORMAN WAIN GENERAL COUNSEL	(i)	162,753.	0.	0.	0.	27,050.	189,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JILL GEER CHIEF COMMUNICATIONS OFFIC	(i)	162,960.	0.	0.	0.	22,425.	185,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAX SIEGEL CEO	(i)	640,759.	0.	0.	0.	36,418.	677,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RENEE WASHINGTON COO	(i)	193,571.	0.	0.	0.	13,618.	207,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BENITA MOSLEY CHIEF OF SPORT PERFORMANCE (FORMER)	(i)	159,848.	0.	0.	0.	23,182.	183,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines provided for supplemental information.

SCHEDULE O
(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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

USA TRACK & FIELD, INC.

Employer identification number

35-1475847

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND FIELD, LONG DISTANCE RUNNING AND RACE WALKING. ACTIVITIES INCLUDE
PROVIDING SUPPORT PROGRAMS AND COMPETITIVE OPPORTUNITIES FOR ELITE AND
EMERGING ELITE ATHLETES AND EDUCATION AND PARTICIPATION OPPORTUNITIES
FOR ALL AMERICANS, FROM YOUTH TO MASTERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STATES IN INTERNATIONAL COMPETITION, AND INTEREST AND PARTICIPATION IN
THE SPORT IN THE UNITED STATES FOR ALL AGES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MANAGEMENT, PERFORMANCE, MARKETING AND DIVERSITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENT TO ELITE OR RECREATIONAL ATHLETES. FULFILLS ALL FIVE OF
USATF'S STATED PURPOSES AS STATED IN THE BYLAWS: DEVELOPMENT,
MANAGEMENT, PERFORMANCE, MARKETING AND DIVERSITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMPETITIVE OPPORTUNITIES FOR ADULTS OF ALL AGES AND ABILITIES THROUGH
OUR LONG DISTANCE RUNNING AND MASTERS PROGRAMS. FULFILLS ALL FIVE OF
USATF'S STATED PURPOSES AS STATED IN THE BYLAWS: DEVELOPMENT,
MANAGEMENT, PERFORMANCE, MARKETING AND DIVERSITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SUPPORT INCLUDES COMMUNICATIONS, MEDIA AND PUBLICATIONS

Name of the organization USA TRACK & FIELD, INC.	Employer identification number 35-1475847
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THAT ARE NON-EVENT SPECIFIC. IT INCLUDES WEBSITE SUPPORT AND COMMUNICATIONS AND SPORTS PROMOTIONS. MOREOVER, UNDER THE CATEGORY OF PROGRAM SUPPORT, USATF INCLUDES LEGAL AFFAIRS, GENERAL SPONSOR FULFILLMENT, BROADCASTING OF NON-USATF CHAMPS, GENERAL BRANDING, PROMOTION, MARKETING AND PUBLIC RELATIONS.

EXPENSES \$ 3,589,606. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,987,839.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: USA TRACK & FIELD HAS APPROXIMATELY 120,000 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE PRESIDENT SHALL BE ELECTED FOR FOUR YEARS AT EACH ANNUAL MEETING OF USATF FOLLOWING THE SUMMER OLYMPIC GAMES.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: AMENDMENTS SHALL BE CONSIDERED BY USATF AS FOLLOWS: 1. BYLAWS AN OPERATING REGULATIONS: AMENDMENTS TO THE BYLAWS AND OPERATING REGULATIONS SHALL BE CONSIDERED AT THE ANNUAL MEETING OF USATF IN EVERY ODD-NUMBERED YEAR; 2. RULES OF COMPETITION: AMENDMENTS TO THE RULES OF COMPETITION SHALL BE CONSIDERED AT THE ANNUAL MEETING OF USATF IN EVERY EVEN-NUMBERED YEAR; 3. BYLAWS AND OPERATING REGULATIONS: AMENDMENTS TO THE BYLAWS AND OPERATING REGULATIONS SHALL REQUIRE FOR PASSAGE A TWO-THIRDS VOTE OF THOSE DELEGATES PRESENT AND VOTING; 4. COMPETITION RULES: AMENDMENTS TO THE RULES OF COMPETITION SHALL REQUIRE A MAJORITY VOTE OF DELEGATES PRESENT AND VOTING; 5. AMENDMENTS BY THE BOARD: THE BOARD MAY, AT ANY MEETING, AMEND THE BYLAWS OR OPERATING REGULATIONS BY A TWO-THIRDS VOTE OF ITS TOTAL MEMBERSHIP. THE BOARD SHALL SUBMIT ALL PROPOSED AMENDMENTS TO THE LAW & LEGISLATION COMMITTEE FOR A RECOMMENDATION BEFORE VOTING ON

Name of the organization USA TRACK & FIELD, INC.	Employer identification number 35-1475847
---	--

ADOPTION. AMENDMENTS PASSED BY THE BOARD SHALL REMAIN IN EFFECT UNTIL THE NEXT ANNUAL MEETING, WHERE THE MEMBERSHIP SHALL VOTE ON PERMANENT ADOPTION.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: USA TRACK & FIELD'S FORM 990 IS PREPARED BY OUR ACCOUNTING FIRM. THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, TREASURER OF THE BOARD OF DIRECTORS, CHAIRMAN OF THE AUDIT COMMITTEE, LEGAL COUNSEL AND OTHER MEMBERS OF THE AUDIT COMMITTEE WITH THE REQUISITE EXPERTISE ARE GIVEN THE OPPORTUNITY TO REVIEW PRIOR TO FILING THE TAX RETURNS. A COPY OF FORM 990 IS THEN DISTRIBUTED DIRECTLY TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: USA TRACK & FIELD HAS A VOLUNTEER ETHICS COMMITTEE, A BOARD COUNSEL AND AN EMPLOYEE LIAISON (GENERAL COUNSEL) THAT COLLECTIVELY REQUEST ANNUAL REPORTING STATEMENTS AND MONITOR COMPLIANCE OF BOARD MEMBERS, STAFF AND OTHER KEY VOLUNTEERS. STATEMENTS ARE REVIEWED AND APPROPRIATE ACTION TAKEN AS OUTLINED IN THE USA TRACK & FIELD CODE OF ETHICS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: USA TRACK & FIELD'S CEO COMPENSATION IS GOVERNED BY AN EMPLOYMENT CONTRACT, WHICH IS RECOMMENDED BY A COMPENSATION COMMITTEE, REVIEWED BY BOARD COUNSEL, AND APPROVED BY THE FULL BOARD OF DIRECTORS. THE RECOMMENDED CEO COMPENSATION IS BASED ON INDUSTRY BENCHMARKING COMMENSURATE WITH EXPERIENCE. COMPENSATION FOR ALL OTHER EMPLOYEES IS DETERMINED BY THE CEO BASED ON BENCHMARKING AGAINST THE LIKE ORGANIZATIONS, COMPENSATION STUDIES, PERFORMANCE REVIEWS, AND THE BOARD APPROVED SALARY BUDGET.

Name of the organization USA TRACK & FIELD, INC.	Employer identification number 35-1475847
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FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: ALL GOVERNING DOCUMENTS, CODE OF ETHICS (INCLUDING CONFLICT OF INTEREST POLICY AND WHISTLEBLOWER POLICY) AND FINANCIAL STATEMENTS ARE AVAILABLE ON USA TRACK & FIELD'S WEBSITE AT WWW.USATF.ORG.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THERE WERE NO CHANGES TO THE OVERSIGHT RESPONSIBILITIES RELATED TO THE ORGANIZATION'S FINANCIAL STATEMENT IN THE CURRENT YEAR.

NP-20

State Form 51062
(R7 / 8-13)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year
Beginning 01 01 2013 and Ending 12 31 2013
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date
Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization USA TRACK FIELD INC		Telephone Number 317 713 4681
Address 132 EAST WASHINGTON STREET NO 800	County MARION	Indiana Taxpayer Identification Number
City INDIANAPOLIS, IN 46204	State IN ZIP Code 46204	Federal Identification Number 35 1475847
Printed Name of Person to Contact MAX SIEGEL		Contact's Telephone Number 317 261 0500

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. _____
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 2**
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1

Email Address: _____

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

CEO

Signature of Officer or Trustee _____

Title _____

Date _____

Name of Person(s) to Contact _____

Daytime Telephone Number _____

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



25413111019

USA TRACK & FIELD DRIVES COMPETITIVE EXCELLENCE AND POPULAR ENGAGEMENT IN THE SPORT OF TRACK AND FIELD, LONG DISTANCE RUNNING AND RACE WALKING. THE MISSION OF USA TRACK & FIELD IS TO FOSTER SUSTAINED COMPETITIVE EXCELLENCE IN ELEITE ATHLETES REPRESENTING THE UNITED STATES IN INTERNATIONAL COMPETITION, AND INTEREST AND PARTICIPATION IN THE SPORT IN THE UNITED STATES FOR ALL AGES.

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
STEPHANIE HIGHTOWER 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	PRESIDENT AND CHAIRWOMAN
STEVE MILLER 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	VICE-CHAIRMAN
KENNETH TAYLOR 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	TREASURER
WILLIE BANKS 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
EVIE DENNIS 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
ROBERT HERSH 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
DEENA KASTOR 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
JACKIE JOYNER-KERSEE 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
EVE WRIGHT 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
MICKEY CARTER 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
DARLENE HICKMAN 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	SECRETARY (NON-VOTING)
FRED FINKE 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER

BECKY OAKES 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
DARVIS PATTON 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER
HYLEAS FOUNTAIN 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER (BEG 12/13)
KENNETH FERGUSON 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	BOARD MEMBER (BEG 6/13)
NORMAN WAIN 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	GENERAL COUNSEL
JILL GEER 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	CHIEF COMMUNICATIONS OFFIC
MAX SIEGEL 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	CEO
RENEE WASHINGTON 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	COO
BENITA MOSLEY 132 EAST WASHINGTON STREET, NO. 800 INDIANAPOLIS, IN 46204	CHIEF OF SPORT PERFORMANCE (F

Indiana Nonprofit Organization Unrelated Business Income Tax Return

2013

Calendar Year Ending December 31, 2013 or

Fiscal Year Beginning _____ 2013 and Ending _____

Check box if amended. Check box if name changed.

Name of Organization USA TRACK FIELD INC		Federal Identification Number (FID) 35 1475847
Number and Street 132 EAST WASHINGTON STREET NO 800	Indiana County or O.O.S. MARION	Principal Business Activity Code 448000
City INDIANAPOLIS, IN 46204	State IN	ZIP Code 46204
Telephone Number 317 713 4681		

K Check all boxes that apply: Initial Return Final Return In Bankruptcy Schedule M

L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes No

Due Date: 15th day of the fifth month following close of the tax year.

Adjusted Gross Income Tax Calculation on Unrelated Business Income

Round all entries

1. Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts _____	1	-15188.00
2. Specific deduction (generally \$1,000; see instructions) _____	2	1000.00
3. Interest on U.S. government obligations on the federal return less related expenses _____	3	.00
4. Deduction for qualified patents income _____	4	.00
5. Enter total from lines 2 through 4 _____	5	1000.00
6. Subtotal for unrelated business income (subtract line 5 from line 1) _____	6	-16188.00
7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.) _____	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.) _____	8	-16188.00
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (attach schedule) _____	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) _____	10	-16188.00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) _____	11	.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) _____	12	-16188.00
13. Taxable income from other forms (Form 1120-POL) _____	13	.00
14. Subtotal (add lines 12 and 13) _____	14	-16188.00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate). See instructions for line 15 _____	15	0.00
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet _____	16	.00
17. Total tax due (add lines 15 and 16) _____ Total Tax ▶	17	0.00
Credit for Estimated Tax and Other Payments		
18. Quarterly estimated tax paid: Qrt. 1 _____ Qrt. 2 _____ Qrt. 3 _____ Qrt. 4 _____ Enter total	18	.00
19. Amount paid with extension _____	19	.00
20. Amount of overpayment credit (from tax year ending _____) _____	20	.00
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) _____	21	.00
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) _____	22	.00
23. Enter name of other credit _____ Code No. 23a _____	23b	.00
24. Total credits (add lines 18-23) _____ Total Credits ▶	24	.00
25. Balance of tax due (line 17 minus 24; if line 24 is greater than line 17, proceed to lines 26, 27, and 30) _____	25	0.00
26. Penalty for the underpayment of income tax. Attach Schedule IT-2220 _____ <input type="checkbox"/> Check box if using annualization method	26	.00
27. Interest: If payment is made after the original due date, compute interest _____	27	.00
28. Penalty: If paid late, enter 10% of line 25; see instructions. If line 17 is zero, enter \$10 per day filed past due date _____	28	.00
29. Total payment due (add lines 25-28). (Payment must be made in U.S. funds) PAY THIS AMOUNT ▶	29	.00
30. Total overpayment (line 24 minus lines 26-28) _____	30	.00
31. Amount of line 30 to be refunded _____	31	.00
32. Amount of line 30 to be applied to the following year's estimated tax account _____	32	.00

You must go to the certification and authorization section on page 2 to complete this return.



Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment		
State Form 49189 (R11 / 8-12)		
Line (a)	Explanation (b)	Amount (c)
		.00
		.00
		.00

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 11) Yes No

Paid Preparer's E-mail Address EE **TIM.MURPHY@CLACONNECT.COM**

HOPE TRIBBLE

Personal Representative's Name (Print or Type)

317 261 0500

Telephone

CLIFTONLARSONALLEN LLP

Paid Preparer: Firm's Name (or yours if self-employed)

PTIN

P00843752

Signature of Corporate Officer

MAX SIEGEL

Date

CEO

Print or Type Name of Corporate Officer

Title

317 574 9100

Telephone Number

9339 PRIORITY WAY W DR #200

Address

INDIANAPOLIS

City

IN**46240**

State

ZIP Code +4

Signature of Paid Preparer

RT MURPHY

Date

Print or Type Name of Paid Preparer

Sales/Use Tax Worksheet

List all purchases made during 2013 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		.00
Mail order purchases:		.00
Internet purchases:		.00
Other purchases:		.00
1. Total purchase price of property subject to the sales/use tax	1C	.00
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	.00
3. Sales tax previously paid on the above items (up to 7% per item)	3C	.00
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 16. If the amount is negative, enter zero and put no entry on line 16 of the IT-20NP	4C	.00

**Please mail your forms to:
 Indiana Department of Revenue
 PO Box 7228
 Indianapolis, IN 46207-7228**

