Form **990-EZ**

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

UIVID INU. 1343-113U

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2013 calenda	ar year, or tax year beginning , 2013, and end	ıng			, 20		
В	B Check if applicable: C Name of organization D En					D Employer identification number			
	Address change NORTH CAROLINA USA TRACK AND FIELD				!	56-1823745			
	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Te						per		
=	Initial retur		PO BOX 576		9	919-2	20-5991		
=	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemp	tion		
=	Amended		GARNER, NC 27529-0576			nber ►3			
		ing Method:	X Cash	Тн			e organization is not		
	Website	· ·			Schedule B				
			ck only one) — X 501(c)(3)				Z, or 990-PF).		
			☐ Corporation ☐ Trust ☐ Association ☐ Other		(_, ,.		
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if tota	al assets	<u> </u>			
			<i>i</i>) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ ¢	158427		
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			ctions fo			
	arti		the organization used Schedule O to respond to any question in this F						
_	1		ns, gifts, grants, and similar amounts received			1	12000		
	2		ervice revenue including government fees and contracts			2	86056		
	3	_	ip dues and assessments			3	60329		
		Investment				4	42		
	4					4	42		
	5a		unt from sale of assets other than inventory			-			
	b		or other basis and sales expenses			F			
	6 6	Gaming an	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events			5c			
ne	а		ome from gaming (attach Schedule G if greater than						
Revenue	b	from fundr	me from fundraising events (not including \$ of contributions of contributions exceeds \$15,000) 6b	oution	is				
	c d		t expenses from gaming and fundraising events 6c eor (loss) from gaming and fundraising events (add lines 6a and 6b an	d sul	otract	6d			
	7a	Gross sale	s of inventory, less returns and allowances						
	b	Less: cost	of goods sold						
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8	Other rever	nue (describe in Schedule O)			8			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	158427		
	10	Grants and	similar amounts paid (list in Schedule O)			10			
	11	Benefits pa	uid to or for members			11			
Se	12	Salaries, of	her compensation, and employee benefits			12			
Expenses	13	Profession	al fees and other payments to independent contractors			13	13624		
be	14	Occupancy	y, rent, utilities, and maintenance			14			
ш	15		ublications, postage, and shipping			15	1200		
	16	Other expe	nses (describe in Schedule O)			16	67534		
	17		nses. Add lines 10 through 16			17	82358		
10	18		deficit) for the year (Subtract line 17 from line 9)			18	76069		
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must r figure reported on prior year's return)	agree	with	19			
it/	20		ges in net assets or fund balances (explain in Schedule O)			20			
Ne	21		or fund balances at end of year. Combine lines 18 through 20			21	76069		

romi 990-Ez (2013)

Pa	rt II Balance Sheets (see the instructions	for Part II)				
ıu	Check if the organization used Schedule	,	ny question in this	Part II		X
	Officer if the organization used conclude	o to respond to a	ny question in this	(A) Beginning of year	· ·	(B) End of year
22	Cash, savings, and investments			112808	22	183024
23	Land and buildings			112000	23	10302
24	Other assets (describe in Schedule O)			3585	24	6937
25	Total assets			116393	25	189961
26	Total liabilities (describe in Schedule O)			116393	26	189961
27	Net assets or fund balances (line 27 of column	(R) must agree with		0	27	10000
Par	,	<u> </u>			21	
ı aı	Check if the organization used Schedule	•		•		Expenses
Wha:	t is the organization's primary exempt purpose?		AND ATHLETIC			uired for section c)(3) and 501(c)(4)
						nizations and section
as n	ribe the organization's program service accomplineasured by expenses. In a clear and concise management	nanner, describe the				7(a)(1) trusts; optional thers.)
	ons benefited, and other relevant information for ea					1
28	YOUTH CLUB GRANTS AND SPONSORSHIPS AT YOUTH CHAMPION	SHIPS				
	(O					22050
	,	includes foreign gra	ints, check here .	🕨 📙	28a	23958
29	SPONSORSHIPS AR NORTHCAROLINA LONG DISTANCE RUNNING I	MASTERS				
	TRACK AND FIELD CHAMPIONSHIPS					
	(O) (A)					20120
00	•	includes foreign gra	ints, check here .	🟲 📙	29a	20129
30	OFFICIALS CLINICS					
	(Overde the control of the control o	in alvela a favaire ave			20-	2290
04		includes foreign gra		P	30a	2290
31	Other program services (describe in Schedule O)	· · · · · · ·			04-	27222
20	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra			31a	73599
					32	
Par	Check if the organization used Schedule			•	istruc	ctions for Part IV)
	Check if the organization used Schedule	· ·	(c) Reportable	(d) Health benefits,		· · · · <u></u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(-)	devoted to position	(Forms W-2/1099-MISO (if not paid, enter -0-			ther compensation
AL RE	RT DAVIS			, ,	+	
	IDENT	20	0			
	MAN MITCHELL	20				
	RETARY	1	0			
	. HAMILTON				+	
	SURER	20	0			
	ERINE BRANCH	20				
	BERSHIP CHAIR	40	0			
IVILIVII	SENSIII GIAII	10			+	
		-				
					+	
					+	
		-				
		+				
					+	
		+				
		+			+	
					+	
		-			+	
		•	•	•		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Χ 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Χ 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a X If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Χ 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Х Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b Х b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ... 38a Х If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Χ List the states with which a copy of this return is filed ▶ 41 Telephone no. \triangleright (919) 62 1-3580The organization's books are in care of ▶ APRIL HAMILTON Located at ▶ 3144 LANDING FALLS LANE, RALEIGH NC 27616-5229 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Х Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be X 44b X 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Х 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of X

								Yes	No
46		ne organization engage, directly or ir							
	to ca	ndidates for public office? If "Yes," o	complete Schedule C,	Part I			46		X
Part	VI	Section 501(c)(3) organizations	only						
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, and	d complete th	e tables	for lin	es
		50 and 51.	·			·			
		Check if the organization used Scl	nedule O to respond	to any question in	n this Part	VI			
				to any quodinon				Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect during the	tax	103	110
71		If "Yes," complete Schedule C, Par				ect during the			Х
40	•						47		
48		organization a school as described in							X
49a	Did the organization make any transfers to an exempt non-charitable related organization?								
b		es," was the related organization a se							
50		olete this table for the organization's							
	empl	oyees) who each received more thar	1 \$100,000 of comper	sation from the or	ganization.	If there is non	ie, enter "l	Vone."	
			(b) Average	(c) Reportable		ealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	hanafit n	tions to employee lans, and deferred	(e) Estimat other co		
			devoted to position	(Forms W-2/1099-MIS		mpensation	Other Co	препза	.1011
NOI	NF					• •			
NOI									
f	Total	number of other employees paid ov	er \$100 000	•					
51		olete this table for the organization			nt contrac	— store who cook	h roooiyoo	l more	than
91		,000 of compensation from the organization			iii contrac	iors who each	ii received	i iiiore	шап
	Ţ.00	, e e e e e e e e e e e e e e e e e e e							
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c) Compensa	tion	
NO	NE								
,									
,									
,									
,									
d	Total	number of other independent contra	actors each receiving	over \$100 000	•				
		number of other independent contra	0	. ,	. >	47(2)(1)			
d 52	Did th	ne organization complete Schedule A	A? Note . All section 5	01(c)(3) organizatio		. , . ,	▶ ▼ Va		Vo.
52	Did the	ne organization complete Schedule A xempt charitable trusts must attach	A? Note . All section 5 a completed Schedul	01(c)(3) organization			► X Ye		No
52 Under p	Did the none of th	ne organization complete Schedule A xempt charitable trusts must attach of perjury, I declare that I have examined this	A? Note . All section 5 a completed Schedul return, including accompany	01(c)(3) organization of A	· · ·	o the best of my ki			
52 Under p	Did the none of th	ne organization complete Schedule A xempt charitable trusts must attach	A? Note . All section 5 a completed Schedul return, including accompany	01(c)(3) organization of A	· · ·	o the best of my ki			
52 Under ptrue, co	Did the none of th	ne organization complete Schedule A xempt charitable trusts must attach of perjury, I declare that I have examined this in d complete. Declaration of preparer (other than	A? Note . All section 5 a completed Schedul return, including accompany	01(c)(3) organization of A	· · ·	o the best of my kilowledge.			
Under ptrue, co	Did the none of th	ne organization complete Schedule A xempt charitable trusts must attach of perjury, I declare that I have examined this d complete. Declaration of preparer (other than Signature of officer	A? Note . All section 5 a completed Schedul return, including accompany	01(c)(3) organization of A	· · ·	o the best of my ki			
Under ptrue, co	Did the none of th	ne organization complete Schedule Accempt charitable trusts must attach of perjury, I declare that I have examined this discomplete. Declaration of preparer (other than Signature of officer ALBERT L DAVIS - PRESIDENT	A? Note . All section 5 a completed Schedul return, including accompany	01(c)(3) organization of A	· · ·	o the best of my kilowledge.			
52 Under ptrue, co	Did the none of th	ne organization complete Schedule A xempt charitable trusts must attach of perjury, I declare that I have examined this d complete. Declaration of preparer (other than Signature of officer	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organization of A	ements, and t	o the best of my kilowledge.	nowledge an		
Under ptrue, co	Did the none of th	ne organization complete Schedule Accempt charitable trusts must attach of perjury, I declare that I have examined this discomplete. Declaration of preparer (other than Signature of officer ALBERT L DAVIS - PRESIDENT	A? Note . All section 5 a completed Schedul return, including accompany	01(c)(3) organization of A	· · ·	o the best of my kilowledge.			
Under ptrue, co	Did the none. Denalties rrect, an	ne organization complete Schedule Accempt charitable trusts must attach of perjury, I declare that I have examined this I d complete. Declaration of preparer (other than a Signature of officer ALBERT L DAVIS - PRESIDENT Type or print name and title	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organization of A	ements, and t	o the best of my knowledge. Date	nowledge an		
Under ptrue, co	Did the none. Denalties prect, and penalties prect,	ne organization complete Schedule Accempt charitable trusts must attach of perjury, I declare that I have examined this I d complete. Declaration of preparer (other than a Signature of officer ALBERT L DAVIS - PRESIDENT Type or print name and title	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organization of A	ements, and t	o the best of my knowledge. Date Check	nowledge an		
Under ptrue, co	Did the none. Denalties rrect, an	ne organization complete Schedule Accempt charitable trusts must attach of perjury, I declare that I have examined this domplete. Declaration of preparer (other than Signature of officer ALBERT L DAVIS - PRESIDENT Type or print name and title Print/Type preparer's name	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organization of A	ements, and t	o the best of my knowledge. Date Check self-emplo	nowledge an		

rage 🖚

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

UNID INO. 1242-004/

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	organization						I		dentificatio	
	NORTH CAROLINA USA TRACK AND FIELD Part I Reason for Public Charity Status (All organizations must complete this						56-1823745			
Part I									instruction	ons.
1	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).									
5 □ A	n organizatio		the benefit of a colle	ge or uni	versity o	wned or	operated	l by a go	vernmen	tal unit described in
7 🗌 A										
9 ☒ A re si	n organizatio eceipts from upport from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that d to its exempt funct nt income and unrel fter June 30, 1975. Se	an 33 ¹ / ₃ % ions—sul lated bus	6 of its subject to desiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio) no mor	e than 331/3% of its
11 □ A p 5	n organization org	on organized and one or more publick the box that of	operated exclusively of operated exclusive dicly supported organ describes the type of	ely for th nizations supportir	ne benefi described ng organiz	t of, to post to the sect to tation an	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	tions of, ection 50 11e throu	9(a)(2). See section gh 11h.
e □ B o		ındation manage	II c Type III that the organization ers and other than one	is not co	ntrolled d	lirectly or	indirectl	y by one	or more	
	_		written determination			that it is	a Type	I, Type 	II, or Ty _l	pe III supporting
_	ince August blowing pers		ne organization accep	oted any	gift or co	ontributio	n from a	iny of the	Э	
(i)			ndirectly controls, eithody of the supported of							nd Yes No
			on described in (i) abo a person described in							. 11g(ii) . 11g(iii)
			on about the support							3()
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))			nization in of your			(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										

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 (d) 2012 (c) 2011 **(e)** 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 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) **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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) 14 % Public support percentage from 2012 Schedule A, Part II, line 14 15 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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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.)

Secti	on A. Public Support			, p		/	
Calen	dar 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.")	52425	51529	51950	58373		214277
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	32070	41456	30934	43498		147958
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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	84495	92985	82884	101871		362235
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	500					500
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						
_	-	500					500
8	Add lines 7a and 7b	300					361735
Secti	on B. Total Support						301733
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	84495	92985	82884	101871	(6) 2010	362235
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	282	72703	02004	38		320
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	282			38		320
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	84777	92985	82884	101909		362555
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			or fifth tax ye		on 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8			3, column (f))		15 99	9.774 %
16	Public support percentage from 2012 Sch						9.613 %
	on D. Computation of Investment Inc					1	
17	Investment income percentage for 2013 (I			y line 13, colun	nn (f))	17	0.088 %
18	Investment income percentage from 2012					18 (0.275 %
19a	331/3% support tests-2013. If the organi					ore than 331/3	
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	rted organizat	ion . 🕨 🕱
b	331/3% support tests-2012. If the organiz						33 ¹ /3%, and
	line 18 is not more than 331/3%, check this b	oox and stop he	ere. The organi	zation qualifies	as a publicly su	ipported orgar	nization
20	Private foundation. If the organization di	d not check a h	nox on line 14	19a or 19h o	heck this hox a	and see instru	ctions 🕨 🗆

SCHEDULE G (Form 990 or 990-EZ)

อนหุหเอเทอเทเลเ เทเอเทเลเเอเเ เงอรูลเนเทร เ นเเนเลเอเทรู อเ ผลเเเทรู คอเเขเนอจ

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

UIVID INU. 1343-UU47

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** NORTH CAROLINA USA TRACK AND FIELD 56-1823745 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants b Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity (or retained by) or entity (fundraiser) organization col. (i) Yes No 1 2 3 5 6 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Com than \$15,000 of fundraisingross receipts greater tha	ng event contributions			
		3 1 3	(a) Event #1	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(croin typo)	(croin type)	(total number)	
ш	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra				
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	e organization answe	red "Yes" to Form 990	0, Part IV, line 19, or r	eported more
Revenue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>B</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from I	ine 1, column (d)		
g	a Is	nter the state(s) in which the organization licensed to or "No," explain:	perate gaming activities	s in each of these states	?	\square Yes \square No
10		ere any of the organization's g "Yes," explain:			ted during the tax year?	

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11	Does the organization operate gaming activities with nonmembers?			es 🗌	No		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or ot formed to administer charitable gaming?			'es □	No		
13	Indicate the percentage of gaming activity operated in:		ш.	C3 _	110		
а	The organization's facility	. 13a			%		
b	An outside facility				%		
14	Enter the name and address of the person who prepares the organization's gaming/special events b records:	ooks and					
	Name ►						
	Address ▶ ,						
15a	Does the organization have a contract with a third party from whom the organization received revenue?		□ Y	′es □	No		
b c	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$						
	Name ►						
	Address ► ,						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ►						
	□ Director/officer □ Employee □ Independent contractor						
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proretain the state gaming license?			′es □	No		
b							
Part							

SUMEDULE U (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental information to Form 330 or 330-EL

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.

20**13**Open to Public

Inspection

Name of the organization Employer identification number NORTH CAROLINA USA TRACK AND FIELD 56-1823745 FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES: DESCRIPTION AMOUNT 27222 TRAVEL **OFFICIALS** 1790 **OPERATIONS** 854 SANCTIONS 2247 500 MARKETING 10801 MEET SUPPLIES/EQUIPMENT **MEETINGS** 511 OFFICE SUPPLIES 5432 PRIZE 9778 BANK SERVICE CHARGE 26 SCHOLARSHIP & TUITION 6860 GIFTS 253 DUES AND SUSCRIPTIONS 1260 TOTAL: 67534 FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS: DESCRIPTION **BEGINNING ENDING EQUIPMENT** 885 6937 ACCOUNTS RECEIVABLE 2500 CHANGE FOR GATE 200 TOTAL: 3585

Name of the organization NORTH CAROLINA USA TRACK AND	FTELD	Employer identification number 56-1823745					
FORM 990-EZ, PART II, LINE 26 - TOTAL LIABILITIES:							
DESCRIPTION	BEGINNING	ENDING					
OPENING BALANCE EQUITY	62162	62162					
UNRESTRICTED NET ASSETS	16432	51730					
NET INCOME	37799	76069					
TOTAL:	116393	189961					
FORM 990-EZ, PART III, LINE 31:							
TRAVEL TO LOCAL REGIONAL AND NATIONAL EVENTS	FOR ATHLETES COACHES AND						
DELEGATES							