Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

NORTH CAROLINA USA TRACK & FIELD, 56-1823745 INC.

Net Asset / Fund Balance at Beginn	ning of Year		in the state of th	336,035
Revenue				
Contributions				
Program service revenue	9	7,232		
Investment income		32		
Capital gain / loss	No.	27529-11-11		
Fundraising / Gaming:				
Gross revenue	25.251.000 N 3 8 3 8 3 8 3 8 3 8 3 8 3 8 3 8 3 8 3			
Direct expenses				
Net income	A VICE A COLUMN AND A COLUMN AN	The second second		
Other income				
Total revenue		The same of the same of the same of	97,264	
Expenses				
Program services				
Management and general	THE PARTY OF THE P	The last to the same		
Fundraising	or harping noting to	All of tollars of b	10 575	
Total expenses	the comment of the posterior	o produced to the control	13,575	16 211
Excess / (deficit)	but 100 miles			-16,311
Changes	The state of the second state of	ne to the property of a second	Company of the second	COURT TRANSPORT
California amount and a contract of the contract of	the second of the second of the second			
Net Asset / Fund Ba	alance at End of Year	nemen ergie <mark>sto (E</mark> CO). ^O Tita Ventardeson (b) Em B. Traceasy and St. ottos	a a la composition de la composition della compo	319,724
Net Asset / Fund Ba	alance at End of Year	e en en ergierade (Esca). Per l'ing veneralessen (b) fro 9. Truckey and St. onder connectés for les p. 6200.	ie is dan de en entremplend he occident soit oc <u>eans de</u> U esti canopiano de la cal- o diseasca en esta de la cal-	319,724
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Reconciliation of R otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	the transport with a constraint of the constrain	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp	es stments	and the first of t
Reconciliation of R otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue A series de la company de la compan	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expother Total expe	es stments	and the first of the same of t
Reconciliation of Rotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	Revenue	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expenses Other Total expe	es stments	and the first of the same of t
Reconciliation of R otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets	Revenue A series de la company de la compan	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expother Total expe	es stments eenses enses per return	and the first of the same of t
Reconciliation of Rotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 336,035	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expother Total expe Balance Sheet Ending 319,724	es stments enses per return Differences	and the first of the same of t
Reconciliation of R otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets	Revenue	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expenses Other Total expe	es stments eenses enses per return	and the first of the same of t
Reconciliation of Rotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 336,035	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expother Total expe Balance Sheet Ending 319,724	es stments enses per return Differences	and the first of the same of t
Reconciliation of Rotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 336,035 336,035	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expother Total expe Balance Sheet Ending 319,724	es stments enses per return Differences	and the first of the same of t
Reconciliation of Rotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 336,035 336,035 Miscellaneous Info	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 319,724 319,724	es stments enses per return Differences	and the first of the same of t
Reconciliation of Rotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 336,035 336,035	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment expother Total expe Balance Sheet Ending 319,724	es stments enses per return Differences	and the first of the same of t

IRS e-file Signature Authorization for a Tax Exempt Entity

OMR	No	1545-004

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning ______, 2021, and ending ______, 20 u Do not send to the IRS. Keep for your records.

2021

EIN or SSN

Name of filer

u Go to www.irs.gov/Form8879TE for the latest information. NORTH CAROLINA USA TRACK & FIELD,

56-1823745

Name and title of officer or person subject to tax RODERICK BELL PRESIDENT

INC.

Part I	Type of Return	and Return	Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here			b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
	Form 990-EZ check here		X	b	Total revenue, if any (Form 990-EZ, line 9)	2b	97,264
	Form 1120-POL check here				Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here			b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here			b	Balance due (Form 8868, line 3c)	. 5b	
6a	Form 990-T check here			b	Total tax (Form 990-T, Part III, line 4)	6b	
	Form 4720 check here				Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here			b	FMV of assets at end of tax year (Form 5227, Item D)	. 8b	
	Form 5330 check here		П	b	Tax due (Form 5330, Part II, line 19)	. 9b	
10a	Form 8038-CP check here			b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	, 10b	
P	art II Declaration and	Sig	na	tur	e Authorization of Officer or Person Subject to Tax		
Und	er penalties of perjury, I declare the	nat	X	7.00	I am an officer of the above entity or I am a person subject to tax v	ith respect to (name

and that I have examined a copy of the , (EIN) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X Lautho	rize	D	Victor	Edwards,	CPA,	PLLC
- I duale				FRO firm	name	

to enter my PIN

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date 3 04/25/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69764200003 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date } _04/25/22 ERO's signature }

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service \boldsymbol{u} Do not enter social security numbers on this form, as it may be made public.

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

Open to Public Inspection

men	iai nev	enue Service	Got to www.ns.gov/r o/m///622 for instructions and the fatest milot	mation.			
_			dar year, or tax year beginning , and ending				
_		applicable:	C Name of organization		D Employ	yer identification numbe	
	Address	change	NORTH CAROLINA USA TRACK & FIELD,				
	Name ch	ange	INC . Number and street (or P.O. box if mail is not delivered to street address) Roon		56-1823745		
	Initial ret	um	E Telephone number				
	Final ret	um/terminated	919	-220-5991			
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code			Exemption	
	Application	on pending	GARNER NC 27529-0576			r u 3062	
G	Accour	nting Method:	X Cash Accrual Other (specify) u	H Chec		the organization is not	
			thcarolina.usatf.org			ch Schedule B	
			neck only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		990).		
		of organization		1, 3-33			
			d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets			
			\$500,000 or more, file Form 990 instead of Form 990-EZ		11 \$	97,264	
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see t				
		-0.0	if the organization used Schedule O to respond to any question in this Part I			(X)	
-	1						
- 1	2	Program se	gifts, grants, and similar amounts received vice revenue including government fees and contracts		2	55,848	
- 1	3	Momborshin	dues and assessments		3	41,384	
- 1	4	Investment	dues and assessments		-	32	
_	5a				And he	7	
- 1	b		nt from sale of assets other than inventory 5a	1100	-		
9		Cain or (loca)	r other basis and sales expenses 5b from sale of assets other than inventory (subtract line 5b from line 5a)		5c		
	C		fundraising events:	•••••	30		
	6		ne from gaming (attach Schedule G if greater than				
_	а						
Revenue	of the				-		
Ne l	b.						
۱ 🛣			sing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000) 6b		- 1		
	С		expenses from garring and fariationing events		-11		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		13 (65)		
	D.		1-1	••••••••	6d		
	7a	Gross sales	of inventory, less returns and allowances 7a		-		
	ь	Less: cost o	f goods sold 7b		Di Cardilli		
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	The second	
	8	Other reven	ue (describe in Schedule O)		9	97,264	
-	9	Country and	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10	31,204	
	10	Grants and	similar amounts paid (list in Schedule O)		11		
	11	Selecius pai	d to or for members		12		
es	12	Drefessions	ner compensation, and employee benefits		13	59,458	
Expenses	13	Occupancy	fees and other payments to independent contractors		14	557.50	
X	15	Drinting nu	rent, utilities, and maintenance		15		
	16	Other eyes	olications, postage, and shipping ses (describe in Schedule O)		16	54,117	
	17		nses, Add lines 10 through 16		17	113,575	
	18	Excess or /	deficit) for the year (subtract line 17 from line 9)		18	-16,311	
ets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with		15.23		
155	1.0		figure reported on prior year's return)		19	336,035	
Net Assets	20	Other change	es in net assets or fund balances (explain in Schedule O)		20		
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	319,724	
For			on Act Notice, see the separate instructions.	44		Form 990-EZ (2021)	

Part II Balance Sheets (see the instructions for Check if the organization used Schedule of Part II Balance Sheets (see the instructions for Check if the organization used Schedule of Part II Balance Sheets (see the instructions for Check if the organization used Schedule of Part II Balance Sheets (see the instructions for Check if the organization used Schedule of Part II Balance Sheets (see the instructions for Check if the organization used Schedule of Part II Balance Sheets (see the instructions for Part II Balance Sheets (see the instructions for Part II Balance Sheets (see the instruction used Schedule of Part II Balance Sheets (see the instruction used S		v question in this Part	11		Г
	o to reopena to an		eginning of year	Τ	(B) End of year
2 Cash, savings, and investments			336,035	22	319,724
3 Land and buildings			0	_	
4 Other assets (describe in Schedule O)			0		
5 Total assets			336,035	_	319,72
b Total liabilities (describe in Schedule O)			0	26	
Part III Statement of Program Service Acc	agree with line 21) omplishments (s	ee the instructions for		27	319,72
Check if the organization used Schedule (//hat is the organization's primary exempt purpose? EDUCATION & ATHLETICS DEVELOPMENT	o to respond to any	y question in this Part	Ш <u>г</u>		Expenses equired for section 1(c)(3) and 501(c)(4)
escribe the organization's program service accomplishments is s measured by expenses. In a clear and concise manner, des ersons benefited, and other relevant information for each prog	cribe the services pro			org	nenizations; optional for
1.4		eck here		28a	113,57
<u> </u>					
(Grants \$) If this amount includ	les foreign grants, che	eck here	u	29a	
Other program services (describe in Schedule O) (Grants \$) If this amount include Total program service expenses (add lines 28a through 3	es foreign grants, che	eck here	uu	30a 31a 32	113,575
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	Employees (list each	ch one even if not compe	nsated - see the	e instru	ctions for Part IV)
		on in this Part IV	modica occ un	C 11 15 ti C	
(a) Name and title	(b) Average hours per week devoted to position		(d) Health ber contributions to e benefit plans, deferred compe	nefits,	
(a) Name and title RODERICK BELL	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health ber	nefits, employee and nsation	(e) Estimated amount of other compensation
	and the second section is a second second	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health ber	nefits,	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W2/1989-MISC/ 1999-NEC) (if not paid, enter -0-)	(d) Health ber	nefits, employee and nsation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON SECRETARY FERESA HARVEY FREASURER	(b) Average hours per week devoted to position 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health ber	nefits, employee and nsation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON SECRETARY TERESA HARVEY TREASURER DONNELL MITCHELL	(b) Average hours per week devoted to position 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/ (if not paid, enter -0-)	(d) Health ber	nefits, imployee and insation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON SECRETARY TERESA HARVEY TREASURER DONNELL MITCHELL	(b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/ 1099-	(d) Health ber	nefits, mployee and nsation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON SECRETARY TERESA HARVEY TREASURER DONNELL MITCHELL	(b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/ 1099-	(d) Health ber	nefits, mployee and nsation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON SECRETARY TERESA HARVEY TREASURER DONNELL MITCHELL	(b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/ 1099-	(d) Health ber	nefits, mployee and nsation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS	(b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/ 1099-	(d) Health ber	nefits, mployee and nsation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON SECRETARY TERESA HARVEY TREASURER DONNELL MITCHELL	(b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/ 1099-	(d) Health ber	nefits, mployee and nsation	(e) Estimated amount of other compensation
(a) Name and title RODERICK BELL PRESIDENT DR. ALBERT DAVIS VICE PRESIDENT LYNN CHARLTON SECRETARY TERESA HARVEY TREASURER DONNELL MITCHELL	(b) Average hours per week devoted to position 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/ 1099-	(d) Health ber	nefits, mployee and nsation	(e) Estimated amount of other compensation

10.14	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in tinstructions for Part V.) Check if the organization used Schedule O to respond to any question in this	the		Г
	instruction of the v./ officer in the organization used scriedule of to respond to any question in this	Part V		s N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	3	3	X
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			
35a	change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	4	X
-	activities (such as those reported on lines 2, 6a, and 7a, among others)?			١,,
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35	_	X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice		-	-
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	350	.	x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	11000	+	+
	during the year? If "Yes," complete applicable parts of Schedule N	36	1	x
37a	Enter amount of political experiorures, direct or indirect, as described in the instructions			1 7
Ь	Did the organization file Form 1120-POL for this year?	37b		X
38a	bid the diganization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		10	- page
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
D	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	187		13
39 a	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9		16	
10a	Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			12
	section 4911 u; section 4912 u; section 4955 u	7.7		1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	- 120	The state of	3474
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	18 Dell	A POSE	ent and
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		119	TEU.
	on organization managers or disqualified persons during the year under sections 4912,	1	A-161 6	
	4955, and 4958 u	(1) A (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	135	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		-50	- A
	40c reimbursed by the organizationu			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	127		1.0
	transaction? If "Yes," complete Form 8886-T	40e		X
11	List the states with which a copy of this return is filed u NOTIE			
l2a	The organization's books are in care of u TERESA HARVEY Telephone no. u	919-22	0-5	991
	P.O. BOX 576 Located at u Garner NC 7IP+411	07500		
h	Located at u GARNER NC ZIP + 4 u At any time during the calendar year, did the organization have an interest in or a signature or other authority over	2/529-		
Ü	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	No
	If "Yes," enter the name of the foreign country u	42b	aring-tal	<u>x</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		17.49	
	Financial Accounts (FBAR).	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country u			7.4
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			u 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year u 43		-	
	Did the organization maintain any dense advised 6 and a drive the condition of 5 and	77977	Yes	No
442		44a	33.0	X
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-F7			Λ
44a b	completed instead of Form 990-EZ	202.00	22	F (1757)
44a b	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	445	ETE S	Y
44a b c	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	445		X
	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44b 44c		X X
c	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44b 44c		
c	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44b 44c		
c d	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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	44b 44c		X
c d	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44b 44c		X

									Yes	N
	the organization engage, directly or indirectly, in political							East.	,	
Part V	andidates for public office? If "Yes," complete Schedule Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must ans 50 and 51. Check if the organization used Schedule O	wer questions 47	7-49b and 52, and co	mplete	the tab	les for l	ines	46		L ₂
Dia				1 101					Yes	N
	the organization engage in lobbying activities or have a ? If "Yes" complete Schedule C. Part II							47	100	
ls th	? If "Yes," complete Schedule C, Part II	1)(A)(ii)? If "Yes." o	complete Schedule E		•••••			48		X
a Did	the organization make any transfers to an exempt non-	charitable related o	rganization?					49a		X
b If "Y	es," was the related organization a section 527 organization	ation?						49b		
Con	uplete this table for the organization's five highest comp	ensated employees	(other than officers, dir	ectors,	trustees,	and key				
emp	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) contrib	Health be utions to enefit plans, red compe	nefits, employee and		stimated er com		
None			(if not paid, enter -0-)	100						
3 3 4										-
				1		THE .				
						193				
		to the control of the control of	- management			and the state of	NEW YORK	-		
dir on				113		λ.,				
Com	I number of other employees paid over \$100,000 nplete this table for the organization's five highest compe,000 of compensation from the organization. If there is	none, enter "None."				an	(c) C	ompens	ation	
\$100	plete this table for the organization's five highest compe 0,000 of compensation from the organization. If there is	none, enter "None."				an	(c) C	ompens	ation	
\$100	plete this table for the organization's five highest compe 0,000 of compensation from the organization. If there is	none, enter ⁱⁱ None." tractor				an	(c) C	ompens	ation	
\$100	plete this table for the organization's five highest compe 0,000 of compensation from the organization. If there is (a) Name and business address of each independent con	none, enter "None."				an	(c) C	compens	ation	
\$100	plete this table for the organization's five highest compe 0,000 of compensation from the organization. If there is (a) Name and business address of each independent con	none, enter "None."				an	(c) C	ompens	ation	
Corr \$100	plete this table for the organization's five highest compe 0,000 of compensation from the organization. If there is (a) Name and business address of each independent con	none, enter "None."				an	(c) C	compens	ation	
Corr \$100 None d Tota Did com	plete this table for the organization's five highest compe 0,000 of compensation from the organization. If there is (a) Name and business address of each independent con (a) Name and business address of each independent con (b) Name and business address of each independent con (c) Name and business address of each independent con (d) Name and business address of each independent con (e) Name and business address of each independent con (e) Name and business address of each independent con (f) Name and business address of each independent con (e) Name and business address of each independent con (f) Name and business address of each independent con (e) Name and business address of each independent con (f)	g over \$100,000 501(c)(3) organiza	(b) Type	e of serv	ice		X	Yes	No	
None None Tota Did com der pena	plete this table for the organization's five highest compensation from the organization. If there is (a) Name and business address of each independent confidence or the confidence of the confidence of the confidence of the confidence of the organization complete Schedule A? Note: All section	g over \$100,000 501(c)(3) organiza	(b) Type	e of serv	best of my		X	Yes	No	
Com \$100 d Total Did com der penader, correct	plete this table for the organization's five highest compensation from the organization. If there is (a) Name and business address of each independent confunction in the organization and business address of each independent confunction in the organization complete. Schedule A? Note: All section pleted Schedule A. Note: All section pletes of perjury, I declare that I have examined this return, includ, and complete. Declaration of preparer (other than officer) is be signature of officer RODERICK BELL	g over \$100,000 501(c)(3) organiza	(b) Type	d to the	best of my		X	Yes	No	
Corr \$100 None d Tota 2 Did com der pena de, correct	plete this table for the organization's five highest compensation from the organization. If there is (a) Name and business address of each independent confunction in the organization and business address of each independent confunction in the organization complete Schedule A? Note: All section pleted Schedule A lities of perjury, I declare that I have examined this return, includ, and complete. Declaration of preparer (other than officer) is be signature of officer RODERICK BELL Type or print name and title	g over \$100,000 501(c)(3) organizating accompanying sclased on all information	(b) Type	d to the	best of mydge.		X ge and	Yes [No	
Corr \$100 None None d Tota 2 Did corr correct correct ggn ggn	plete this table for the organization's five highest compensation from the organization. If there is (a) Name and business address of each independent confunction in the organization and business address of each independent confunction in the organization complete. Schedule A? Note: All section pleted Schedule A. Ities of perjury, I declare that I have examined this return, includ, and complete. Declaration of preparer (other than officer) is be signature of officer RODERICK BELL Type or print name and title Print/Type preparer's name Prep	g over \$100,000 501(c)(3) organiza	(b) Type	d to the	best of mydge.	/ knowleds	X ge and	Yes [belief, it	No.	
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m 990-EZ (2021) NORTH C	ADOLTNA TICA MI	DACK C PT	ELD. 56-19	323745			F	Page
MORTH C	AROLINA USA T	MACK & FI	1110 J 30-10				Yes	N
Did the organization engage, dire to candidates for public office? If	ectly or indirectly, in political	campaign activities	s on behalf of or in opp	osition	000 CRX 800 C	46	Habas	x
All section 501(c)(3) All section 501(c)(3)	Organizations Only organizations must answ ation used Schedule O to	ver questions 47			es for lin	nes		E
Did the organization engage in lo							Yes	N
year? If "Yes," complete Schedule	le C, Part II					47	-	2
Is the organization a school as d	described in section 170(b)(1)(A)(ii)? If "Yes," co	omplete Schedule E			48		1
Did the organization make any tr If "Yes," was the related organiza	ransfers to an exempt non-continuous a section 527 organiza	nantable related of	ganization			49b		
Complete this table for the organ	nization's five highest compe	nsated employees	(other than officers, di	ectors, trustees, a	nd key			
employees) who each received m	nore than \$100,000 of comp	ensation from the	organization. If there is	none, enter "None	3.			
(a) Name and title of each		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC) (if not paid, enter -0-)	(d) Health bene contributions to en benefit plans, a deferred compen	efits, mployee	(e) Estimat other co	ed amou mpensat	unt d
one								
				4				
		4000						
			The second	7.				
					14		-	
Total number of other employees Complete this table for the organ \$100,000 of compensation from to	nization's five highest compe the organization. If there is r	ione, enter None.		received more that	an	(c) Comp	ensation	
Complete this table for the organ \$100,000 of compensation from to (a) Name and business ad	piration's five highest compe	ione, enter None.			an	(c) Compa	ensation	
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Complete this table for the organ \$100,000 of compensation from to (a) Name and business ad	nization's five highest compe the organization. If there is r	ione, enter None.			an	(c) Compa	ensation	
Complete this table for the organ \$100,000 of compensation from to (a) Name and business ad	nization's five highest compe the organization. If there is r	ione, enter None.			an	(c) Compr	ensation	
Complete this table for the organ \$100,000 of compensation from to (a) Name and business ad one	nization's five highest compe the organization. If there is r iddress of each independent con	ractor			an	(c) Compa	ensation	
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Complete this table for the organ \$100,000 of compensation from 1 (a) Name and business ad one Total number of other independe Did the organization complete Scompleted Schedule A er penalties of perjury, I declare that I he correct, and complete, Declarestion of processing the signature of officer RODERICK	nization's five highest compethe organization. If there is reddress of each independent confidence of each independent confidence or each receiving check and independent confidence or each independent confidence or ea	g over \$100,000 501(c)(3) organiza	(b) Tyr	and to the best of my knowledge.		X Yes	—————————————————————————————————————	
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Complete this table for the organ \$100,000 of compensation from 1 (a) Name and business ad one Total number of other independe Did the organization complete Scompleted Schedule A er penalties of perjury, I declare that I h correct, and complete Declarestion of property in the penalty of the Print/Type print name and title Print/Type preparer's name Donald Victor Edward Prims Na	inization's five highest compethe organization. If there is a discrete feet of the second of the sec	g over \$100,000 501(c)(3) organizating accompanying scaed on all information CPA, PLI Ste 110 9-6512	tions must attach a thedules and statements, an of which preparer has a PRESIDER	and to the best of my howedge. The Date 04/25/22	Check self-emi	X Yes	5529296 1473	No. 5

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury u Attach to Form 990 or Form 990-F7 Open to Public u Go to www.irs.gov/Form990 for instructions and the latest information. Inspection NORTH CAROLINA USA TRACK & FIELD, Name of the organization Employer Identification numb INC 56-1823745 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

	edule A (Form 990) 2021 NOI	RTH CAROL:	INA USA T	RACK & F	IELD, 56	5-1823745	Page
Р	Support Schedule for C (Complete only if you che	Organizations cked the box o	Described in	Sections 170(B of Part I or if	b)(1)(A)(iv) and the organization	170(b)(1)(A)(v	i) Lunder
	Part III. If the organization	fails to qualify	under the test	s listed below,	please comple	te Part III.)	under
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	A control of	1				
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	THE PERSON NAMED IN	AND THE PARTY OF		The later and the same of		
Sec	tion B. Total Support			ARMA SE SALISA SE SA	Design with the last control		
Caler	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	(4) 2011	(5) 2010	(6) 2019	(u) 2020	(e) 2021	(i) Iolai
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				**		
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10	1		THE PLANT			
2	Gross receipts from related activities, etc.	(see instructions)			Committee of the commit	12	
3	First 5 years. If the Form 990 is for the on	ganization's first, s	econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	2
	organization, check this box and stop here						▶ [
ec.	tion C. Computation of Public Su	pport Percent	age			The second second	
4	Public support percentage for 2021 (line 6,	column (f) divided	by line 11, column	n (f))		14	%
5	Public support percentage from 2020 Sche	dule A, Part II, line	14		Pro Ex	15	%
6a	33 1/3% support test—2021. If the organize	zation did not chec	k the box on line 1	and line 14 is 3	3 1/3% or more ch	neck this	
	box and stop here. The organization qualif	ies as a publicly s	upported organizat	ion			▶ [
b	33 1/3% support test—2020. If the organiz	zation did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	re check	
	this box and stop here. The organization q	ualifies as a public	cly supported organ	nization			▶ [
7a	10%-facts-and-circumstances test—2021	 If the organization 	n did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	the facts-and-circ	umstances test, ch	neck this box and	stop here. Explain	in	
	Part VI how the organization meets the fac organization				and the second		▶ [
b	10%-facts-and-circumstances test-2020	. If the organizatio	n did not check a l	oox on line 13, 16	a. 16b. or 17a. and	line	ب ن

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

organization

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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Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality diluci ti	io tooto notog	bolow, ploade	oomploto : uit :	,	515
	dar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,	` '			
0	received. (Do not include any "unusual grants.")						The same
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			3.00		97,232	97,232
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				and a wheely		- 1
6	Total. Add lines 1 through 5		The same of the sa	3E 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		97,232	97,232
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			200			
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						
С	Add lines 7a and 7b		Statement of the statem	1.7		and the other parents	
8	Public support. (Subtract line 7c from line 6.)		Addition, h				97,232
	tion B. Total Support			1 43 0040	(4) 2020	(e) 2021	(f) Total
Calen	dar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	97,232	97,232
9	Amounts from line 6				Book - Control	91,232	91,232
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			10.36		32	32
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			A Charles		32	32
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					Carlos Carres No.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					97,264	97,264
14	First 5 years. If the Form 990 is for the or organization, check this box and stop here	rganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	▶□
800	tion C. Computation of Public Su	innort Percen	tage				
15	Public support percentage for 2021 (line 8,	column (f) divide	ed by line 13 colu	mn (fl)		15	99.97 %
16	Public support percentage from 2020 Sche						%
Sec	ction D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2021 (li	ine 10c, column (f)), divided by line 1	3, column (f))	The second secon	17	%
18	Investment income percentage from 2020 S	Schedule A. Part II	II, line 17		10.34	18	%
19a		winesten did not ob	ook the how on line	a 14 and line 15 is	more than 33 1/3	% and line	, তো
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization	qualifies as a publ	licly supported orga	anization	▶ 🖎
b	33 1/3% support tests—2020. If the organical state of the second s	nization did not chi	ere. The organiza	tion 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 be	ox and see instruct	ions	
		The state of the state of	the second second	7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Market Market Street	Schedule A	(Form 990) 2021

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- ga Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
,		112
2	line	
3a		
3b		
3c		
4a		
70	To day	
4b		
4c		
	1000	
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10b	area, according	ARREST STATES

Schedule A (Form 990) 2021

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	ile A (Form 990) 2021 NORTH CAROLLINA USA TRACK & FIELD, 56-1823/	45		Page :
Par	t IV Supporting Organizations (continued)	-	Γ.,	Γ
44	Here the construction was about a side or contribution from any of the following parameter		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	- 12		100
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44	14.0	Lance Lance
Secti	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		150216
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on b. Type I supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	77 197	100	75 0 2 3
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1	-
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1 (11)		
		1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	A 1-0-0-0-0	A. Carrier
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	PISATESIS.	Tale
2	Did the organization operate for the benefit of any supported organization other than the supported	1500		- 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		21.5	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	LHE	\$ FO. E.S.	The same of the same
	supervised, or controlled the supporting organization.	2		
ecu	on C. Type II Supporting Organizations		Yes	No
	Wass a majority of the apparientian's diseases as head of the business of the diseases	1853	Tes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1200		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	10.2-		-
	or management of the supporting organization was vested in the same persons that controlled or managed	-		and a second
acti	the supported organization(s). on D. All Type III Supporting Organizations	11		
Jecu	on b. Air type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	14/27	100	100
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.031		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1 1 1
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Surreys.	N. C. Brown S. C.	Joseph St.
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	130	1300	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	34,571,47	1960 11979
		1111231	171.00	TOP CHE
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	25		
	a significant voice in the organization's investment policies and in directing the use of the organization's			Total Carlo
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	N. Hall	HOMES
- acti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	131		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	,		
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uctions		
2	Activities Test. Answer lines 2a and 2b below.	<i>[</i>	Yes	No
a		Continue	163	Marian Al
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1915	10 1875	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	101-101	-	To a state of
			100	UNICE
	how the organization was responsive to those supported organizations, and how the organization determined	20	SHOULD !	
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's		the l	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		12.11	19000
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2	375	
	have engaged in these activities but for the organization's involvement.	2b	0-11/02	-40-5-
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		78	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	arell le	· ·	100
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		W. A. C. W.
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h	The state of	
	of its supported organizations? If "Yes " describe in Part VI the followed by the organization in this regard	1 3h 1		

hedule	NORTH CAROLINA USA TRACK 8	FIEI	LD, 56-1823	745 P
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rganiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20, 1	970 (explain in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organizations r	nust comp	lete Sections A through E	
ectic	n A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		No.
	Other gross income (see instructions)	3		The second second
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
70.79	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		AND THE RESERVE OF THE PERSON NAMED IN
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	The second secon	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		A STATE OF THE STA
4	Enter greater of line 2 or line 3.	4		A STATE OF THE STA
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6	or was problem.	
7		ed Type III	supporting organization	

Schedule A (Form 990) 2021

See	ion D – Distributions			Current Year
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt			1. 1
2	Amounts paid to perform activity that directly furthers exempt pur organizations, in excess of income from activity	rposes of supported		
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provid	le details in Part VN		
6	Other distributions (describe in Part VI). See instructions.	o dotallo wir diri vij		
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	panization is responsive		
	(provide details in Part VI). See instructions.	garmation to respondite		
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Ente o amount divided by line o amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 202
1	Distributable amount for 2021 from Section C, line 6	Activities the second of		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016	**************************************		
b	From 2017			
C	From 2018	and the second of the second	The state of the s	the control of the co
	From 2019			
	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years	Bullion of the second		
h	Applied to 2021 distributable amount			
1	Carryover from 2016 not applied (see instructions)			No. of the last of
1	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.		Haller of the second	
4	Distributions for 2021 from			And the second second
14	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount	THE RESERVE OF THE PARTY OF THE		
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if	Car Cartier Car		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			with the part of the section
6	Remaining underdistributions for 2021 Subtract lines 3h	The second of the		
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2022, Add lines 3j			
•	and 4c.	THE WAY A SECOND		
8	Breakdown of line 7:			PA STATE
a	Excess from 2017	a state or company and the same		Charles of the Albertain
b	Excess from 2018			
C	Excess from 2019		Research College Control	DESCRIPTION OF THE PERSON OF T
d	Excess from 2020			
	Excess from 2021	Description of the second of t	PARTIES TO SELECT ON THE PARTIES OF	

Schedule A (Fo	om 990) 2021 NORTH CAROLINA USA TRACK & FIELD, 56-1823	/45 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line IIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; F. B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1; Part IV, Section D, lines 5, 6, and 8; and 1b; Part IV, Ine 1; Part IV, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and 1b; Part IV, Ine 1; Part IV, Section D, lines 5, 6, and 8; and 1b; Part IV, Ine 1; Part IV, Ine 1; Part IV, Section D, lines 5, 6, and 8; and 1b; Part IV, Ine 1; Pa	17a or 17b; Part Part IV, Section E. lines 1c, 2a, 2b,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 2021

u Attach to Form 990 or Form 990-EZ.

Open to Public

lame of the organization NORT		ww.irs.gov/Form990 1	or the latest information.		Open to Pub Inspection
INC.	TH CAROLINA USA	TRACK & F	ELD,	56-1823	tification number
Form 990-EZ, Pa	art I, Line 16	- Other Exp	penses		
Description		•••••••••••••••••••••••••••••••••••••••	Amount	•••••	
Expenses					
OFFICE SUPPI	LIES	\$	3,745		
TRAVEL EXPE	NSES	\$	38,307		
BANK SERVICE	E CHARGES	\$	50		
TRACK MEET 1	FOOD	\$	1,415		
OTHER BUSINE	ESS EXPENSES	\$	10,100		
OTHER EXPENS	SES	\$	500		
		Total \$	54,117		
FORM 990-EZ, Pa	THE ASSOCIATION	ON IS TO ENC	COURAGE, IMPROV		
THE PURPOSE OF THE SPORT OF A	THE ASSOCIATION	ON IS TO ENC	COURAGE, IMPROVE	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF A	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
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THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH
THE PURPOSE OF THE SPORT OF AN ALSO INLCUDES	THE ASSOCIATION MATEUR TRACK AND YOUTH CLUB GRAN	ON IS TO ENC ND FIELD IN NTS AND SPON	COURAGE, IMPROVI THE STATE OF I	NORTH CAROI	INA WHICH

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	Amount		
MEMBERSHIP	INCOME	\$	41,384	
Total		\$	41,384	

NORT3745 NORTH CAROLINA U 56-1823745 FYE: 12/31/2021	Federal Statements	4/25/2022 2:58 PM
	Schedule A. Part III. Line 3(e)	
GATE & ENTRY FEE INCOME OTHER MEET INCOME SANCTIONS INCOME MEMBERSHIP INCOME Total	Description	Amount \$ 44,924 2,119 8,805 41,384 \$ 97,232
	Schedule A, Part III, Line 10a(e)	
	Description	Amount
BANK ACCT & CDS Total		\$32 \$32