W.E.D.TAX & ACCOUNTING SERVICES, INC 5629 W MADISON STREET CHICAGO, IL 60644 (773) 626-1040 willie@williedover.com

March 22, 2012

USA TRACK & FIELD ILLINOIS ASSOCIATION 1213 MAPLE AVENUE LISLE, IL 60532

Dear Client,

Enclosed is the 2011 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, for USA TRACK & FIELD ILLINOIS ASSOCIATION for the tax year ending December 31, 2011.

Your 2011 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, return has been electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

WILLIE E DOVER

			Short Form		OMB No. 1545-1150
For	·m 9	90-E	Z Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,		2011
Depa Interi	artment nal Rev	of the Treasury enue Service	and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000		Open to Public Inspection
A	For t	he 2011 ca	lendar year, or tax year beginning , 2011, and ending		
_		if applicable:		ployer i	dentification number
	Addres	s change	USA TRACK & FIELD ILLINOIS ASSOCIATION 31	L-10	75269
	Name	•	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele	ephone r	number
_	Initial re		1213 MAPLE AVENUE	530)	512-0727
-	Termin Amend	ated ed return	City or town, state or country, and ZIP + 4		emption
					.
G	Acco	unting Meth	nod: Cash X Accrual Other (specify) ► H Check ► X	if the	organization is not
L	Webs	site: ► <u>N</u>	,	ttach S	Schedule B (Form
-			$(ck \text{ only one}) - [\Delta] 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1) or [527] () < (insert no.) = 1000 () < (i$,
	Chec norm instru	ally not mo	the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its ore than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m t if the organization chooses to file a return, be sure to file a complete return.		
			, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total		1
Pa		<u> </u>	ne 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Ie, Expenses, and Changes in Net Assets or Fund Balances (see the instructio		<u>157,997.</u>
Гd		-	he organization used Schedule O to respond to any question in this Part I		<i>'</i>
	1		ons, gifts, grants, and similar amounts received.	1	A
	2		service revenue including government fees and contracts	2	
	3	0	nip dues and assessments	3	157,997.
	4			4	10110011
	5 a		ount from sale of assets other than inventory 5 a		
			or other basis and sales expenses		
			s) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	
	6	•	nd fundraising events		
R	а	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000) 6 a		
R E V E	b	Gross inco	ome from fundraising events (not including \$ of contributions		
N U E		from fund of such gr	raising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000) 6 b		
	С	Less: dire	ct expenses from gaming and fundraising events		
	d	Net incom 6b and su	e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)	6 d	
	7 a		es of inventory, less returns and allowances		
			t of goods sold		
	С		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8		enue (describe in Schedule O)	8	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	157,997.
	10			10	
F	11			11	87,444.
E X P E	12			12	15,335.
N	13 14			13 14	1,541.
S E	14 15	•		14	21,841. 6,310.
S	15			16	19,477.
	17			17	151,948.
	18		(deficit) for the year (Subtract line 17 from line 9)	18	6,049.
А			s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		,
N S E S T E T	19	figure repo	or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year or ted on prior year's return).	19	-3,328.
ΤE	20			20	
S	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20	21	2,721.
BA	A Fo	r Paperwoi	rk Reduction Act Notice, see the separate instructions.		Form 990-EZ (2011)

	990-EZ (2011) USA TRACK & FII		ATION	31-1	1075269	9 Page 2
Par	t II Balance Sheets. (see the ins		en in deie Deut II			
·	Check if the organization used Sche	dule O to respond to any questi		A) Beginning of year		End of year
22	Cash, savings, and investments			13,472.	22	12,607.
23	Land and buildings			700.	23	0.
24	Other assets (describe in Schedule O)			0.	24	0.
25				14,172.	25	12,607.
26	Total liabilities (describe in Schedule O)			17,500.	26	9,886.
27	Net assets or fund balances (line 27 of			-3,328.	27	2,721.
Par	t III Statement of Program Sei	vice Accomplishments	(see the instrs for Part I			penses
	Check if the organization used Sch				Required for	or section nd 501(c)(4)
Desc meas	is the organization's primary exempt purpose? <u>T</u> rribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	complishments for each of its th manner, describe the services r	IVITIES FOR ALI ree largest program serv provided, the number of p	vices, as	organization	trusts; optional
28	YOUTH TRACK & FIELD ACTI					
	(Grants \$ 0.) If the second se	nis amount includes foreign grar	nts, check here	2	28 a	151,948.
29						
~~	(Grants \$) If the second seco	nis amount includes foreign grar	nts, check here	· · · · · • • • • • • • • • • • • • • •	29 a	
30						
	(Grants \$) If th	is amount includes foreign grar			30 a	
31	Other program services (describe in Sche	edule O)			50 a	
•••		his amount includes foreign gran			31 a	
32					32	151,948.
Par	t IV List of Officers, Directors				see the instru	ctions for Part IV.)
	Check if the organization used Scl					
		(b) Title and average hours per week	(c) Reportable compensation	(d) Health benefits,		Estimated amount of her compensation
	(a) Name and address	devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	,	
DOF	(a) Name and address	devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)		,	
		PRESIDENT	(If not paid, enter -0-)	benefit plans, and	,00	
	ROTHY DAWSON	devoted to position	(If not paid, enter -0-)	benefit plans, and deferred compensatio	,00	0.
121 LIS	ROTHY DAWSON	PRESIDENT		benefit plans, and deferred compensatio	on	
121 LIS BRE 121	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE	PRESIDENT 20.00		benefit plans, and deferred compensatio	on	
121 LIS BRE 121 LIS	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532	PRESIDENT		benefit plans, and deferred compensatio	on	
121 LIS BRE 121 LIS AR	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 PAHL	evoted to position PRESIDENT 20.00 IST VP 10.00	0.	benefit plans, and deferred compensatio	0.	0.
121 LIS BRE 121 LIS AR 121	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 PAHL 3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 IST VP 10.00 ZND VP	0.	benefit plans, and deferred compensatio	0. 0.	0.
121 LIS BRE 121 LIS ART 123 LIS	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 T PAHL 3 MAPLE AVENUE SLE IL 60532	evoted to position PRESIDENT 20.00 IST VP 10.00	0.	benefit plans, and deferred compensatio	0.	0.
121 LIS BRE 121 LIS ART 121 LIS JES	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00	0.	benefit plans, and deferred compensatio	0. 0.	0.
121 LIS BRH 121 LIS ART 121 LIS JES	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 PAHL 3 MAPLE AVENUE SLE IL 60532 SAMPLE AVENUE SLE IL 60532 SS GATHING 3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER	0.	benefit plans, and deferred compensatio	0. 0.	0.
121 LIS BRF 121 LIS ART 121 LIS JES 121 LIS	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 PAHL 3 MAPLE AVENUE SLE IL 60532 SAMAPLE AVENUE SLE IL 60532 SS GATHING .3 MAPLE AVENUE SLE IL 60532	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00	0.	benefit plans, and deferred compensatio	0. 0.	0.
121 LIS BRF 121 BRF 121 LIS ART 121 LIS JES 121 LIS 1	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 PAHL 3 MAPLE AVENUE SLE IL 60532 SAMAPLE AVENUE SLE IL 60532 SS GATHING 3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00	0.	benefit plans, and deferred compensatio	0. 0.	0.
121 LIS BRH 121 LIS ART ART ART ART ART ART ART ART	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 T PAHL 3 MAPLE AVENUE SLE IL 60532 SGATHING 3 MAPLE AVENUE SLE IL 60532 SS GATHING SLE IL 60532 RETTE CHERRY 3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY	0. 0. 0.	benefit plans, and deferred compensatio	0. 0.	0. 0. 0.
121 121 BRH 121 121 121 121 121 121 121 12	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 T PAHL 3 MAPLE AVENUE SLE IL 60532 SAMAPLE AVENUE SLE IL 60532 SS GATHING 3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY 3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00	0.	benefit plans, and deferred compensatio	0. 0.	0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON 3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH 3 MAPLE AVENUE SLE IL 60532 T PAHL 3 MAPLE AVENUE SLE IL 60532 SS GATHING 3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY 3 MAPLE AVENUE SLE IL 60532	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY	0. 0. 0.	benefit plans, and deferred compensatio	0. 0.	0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00	0. 0. 0.	benefit plans, and deferred compensatio	0. 0.	0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.
1212 1212 BRE 1212 BRE	ROTHY DAWSON .3 MAPLE AVENUE SLE IL 60532 ENDA KIMBROUGH .3 MAPLE AVENUE SLE IL 60532 PAHL .3 MAPLE AVENUE SLE IL 60532 SGATHING .3 MAPLE AVENUE SLE IL 60532 SC GATHING .3 MAPLE AVENUE SLE IL 60532 RETTE CHERRY .3 MAPLE AVENUE SLE IL 60532 OTT ERWIN .3 MAPLE AVENUE	devoted to position PRESIDENT 20.00 1ST VP 10.00 2ND VP 10.00 TREASURER 10.00 SECRETARY 40.00 BOARD MEMBER	0. 0. 0. 0. 15,335.	benefit plans, and deferred compensatio	0. 0. 0.	0. 0. 0. 0.

the instructions for Part V_1 Check If the organization used Schedule Q to respond to any question in this Part V.		990-EZ (2011) USA TRACK & FIELD ILLINOIS ASSOCIATION 31-107526	9	Р	age 3
33 additional balance balance and a structure of the structure is a provide a distance description of the structure is a provide a distance description of the structure is a structure of the structure is a structure in the structure in the structure is a structure in the structure is a structure in the structure is a structure in the	Par				<u>. </u>
34 We any splittical charges made to the organization charge of Schedu (Sce Instruction) 34 34 35 35 36 36 35 36 35 37 35 35 35 35 35 36 36 36 36 36 36 36 36 36 36	33		33	Yes	No X
36 a Did the organization base unrelated business gross income of \$1,000 or more during the year from business activaties 35 a Did the organization activates 2, 6a, ed. 7a, and 7a, anong others). 35 b Did the organization activates of \$10(ed), 501(ed), 501(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			X
b If Yes, to line 35a, has the organization lifed a Form 990-T for the year? If Yos, provide an explanation in Splied/Ie 0 arc. 35b • Was the organization and prox tax requirements during the year? If Yes, complete Schedule (Part III	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	_		X
e Was the organization EXECTED (14), 501(c)(6), or 501(c)(6) organization subject to section E033(e) notice: Peorting And proxy tax requirements during the year? If Yes, complete Schedule (), Part III. Peort Part and Proxy Tax requirements during the year? If Yes, Complete Schedule (), Part III. Peort Part Part Part Part Part Part Part Pa	h				- 71
36 Did the organization undergo a liquidation, dissolution, or significant disposition of net assets during the year? If Yes, complete policities a described in the instructions + J37a			000		
year? If YGs: complete applicable parts of Schedule N. 36 36 37 3		reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
b Did the organization file Form 1120-POL for this year? 37 b 37		year? If 'Yes,' complete applicable parts of Schedule N	36		х
33 B Did the organization borrow from, or make any loans to any officer, director, trustee, or key employed or wee 38 a 2 any such loans made in a provem start all of usits anding at the end of the tax year covered by this return? 38 a 2 39 Section 601(c)(7) organizations. Enter 38 b 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization dung the year under: 38 b 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization dung the year of dil (angoal on an excess benefit transaction in this port borns 990 or 990-EZ/ If Yes. icomplete Schedule L, Part I 38 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization any of the prof or 900 or 990-EZ/ If Yes. icomplete Schedule L, Part I 40 b 2 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization any of tax imposed on organization any of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40 b 2 40 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, 4955, and 4958. 40 b 2 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912 (1) organizations there amount of tax on line 800 creinbursed 40 b 2 41 Us the visite transaction in 10(14) organizations. Enter amount of tax on line 800 creinbursed			07.6		37
any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 38 a 3 bill Yes; Complete Schedule L, Part II and enter the total amount involved 38 b 39 b 39 Section 501(c)(3) organizations. Enter: 38 b 39 b a Initiation fees and capital contributions included on line 9 38 b 39 b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 38 b 39 b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4805 c - 38 b 40 b 3 40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on reganization managere or degualified persons during the year under section 41 t - a instructure of degualified persons during the year under section 4912 d. 495. 40 b 3 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managere or degualified persons during the year under section 4912 d. 495. 40 c 2 c B action 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in the 40 creimbursed by the organization and 501 d. 40 c 11 L 101 d. 4 40 c 2 41 List he states with which a corp of the tax year. was the organization a party to a prohibited tax any time during the calendar year, did the organization have an intereat in or a signature or other authority ore a financial account?		,	37 D		X
amount involved Section 501(c)(7) organizations. Enter: a initiation fores and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross of Glub, 21 (0) organizations. Dut the organization engage in any section 4955 +	30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
39 Section 501(c)(7) organizations. Enter: a initiation faces and capital contributions included on line 9	b				
a Initiation fees and capital contributions included on line 9	20		-		
b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization 4955 + isection 4911 + isection 4912 + isection 4955 + b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on raparization in a prory sets benefit transaction outring the year or did le aggazie in an excess benefit transaction in a prory sets benefit transaction (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year runder sections 4912, 4955, and 4958. - - 40b 2 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year runder sections 4912, 4955, and 4958. - - - - 40b 2 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year runder sections 4912, 4955, and 4958. - <td></td> <td></td> <td></td> <td></td> <td></td>					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: issection 4911 •			-		
section 4911 *					
b Serior 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit memory over their heap or been reported any of the inequark banefit them any section 4958 excess benefit memory sear that has not been reported any of the inequality of the ine	40 d				
transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported 40b 2 on any of its prior Forms 390 or 990-E11 Y Feys, complete Schedule L, Part 1 40b 2 e 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, 4955, and 4955. 4 4 e All organizations. Any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes; complete Form 8886-1. 40e 2 e All organizations the states with which a copy of this return is filed \blacktriangleright 1111nois 40e 2 eta a transaction and transaction of the state of the organization have an interest in or a signature or other authority over a financial account; a toreign country (such as a bank account, securities account, or other financial account)? 1 42b 2 Ves, 'enter the name of the foreign country: \blacktriangleright - - 42e 2 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest for or accrued during the tax year - 43 44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-E2 44a 2 45a Did the organization operate one or more	h	,			
managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelt transaction? If Yes,' complete from 886E-1 40 e 2 41 List the states with which a copy of this return is filed > Illinois 42a The organizations books are in care of > LORETTE CHERRY Located at > 1213 MAPLE AVENUE ListLE ListLE ListLE ListLE ListLE Ves in financial account in a foreign country: Ves in financial account in a foreign country: Ves,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,' enter the name of the foreign country: 42a Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization means for indoor tanning services during the year? 	~	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 b		х
by the organization e All organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ► 11 123 The organizations books are in care of ► Located at ► 121 Data are in care of ► Located at ► 121 Mapping the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a toreign country: ► 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,' enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a 24b 24c 25b Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? 44a 2 2 b Did the organization receive any payments for indoor tanning services during the year? 44a 2 2 b Did the organization neave any payments for indoor tanning se	C	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, 4955, and 4958			
shelter transaction? If Yes,' complete Form 8886-T. 40e 2 41 List the states with which a copy of this return is filed ► Illinois 42a The organization's books are in care of ► LORETTE CHERRY Telephone no. ► (630) 512-0727 Located al ► 1213 MAPLE AVENUE LISUE IL ZIP +4 ► 60532 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: 42 b 2 if 'Yes,' enter the name of the foreign country: ► 42 b 2 See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 42 c 2 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c 2 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. - - 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a 2 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44c 2 c Did the organization receive any payments for indoor tanning services durin	d				
41 List the states with which a copy of this return is filed ► Illinois 42a The organization's books are in care of ► LORETTE_CHERRY Telephone no. ► (630) 512-0727. Located at ► 1213_MAPLE_AVENUE IL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Image: Ves. If 'Yes,' enter the name of the foreign country: ►	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		Х
books are in care of ◆ LORETTE CHERRY Telephone no. ◆ (630) 512-0727 Located at ◆ 1213 MAPLE AVENUE II ZIP 44 ◆ 60532 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes N If 'Yes,' enter the name of the foreign country: >	41				
books are in care of ◆ LORETTE CHERRY Telephone no. ◆ (630) 512-0727 Located at ◆ 1213 MAPLE AVENUE II ZIP 44 ◆ 60532 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes N If 'Yes,' enter the name of the foreign country: >					
books are in care of ◆ LORETTE CHERRY Telephone no. ◆ (630) 512-0727 Located at ◆ 1213 MAPLE AVENUE II ZIP 44 ◆ 60532 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes N If 'Yes,' enter the name of the foreign country: >					
Located at ► 1213 MAPLE AVENUE LISLE IL ZIP +4 ► 60532 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 2 If 'Yes,' enter the name of the foreign country: ► 42b 2 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c 2 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c 2 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	42 a		F10	070	7
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes N 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. 42 b c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c if 'Yes,' enter the name of the foreign country: > 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here 42 a and enter the amount of tax-exempt interest received or accrued during the tax year 43 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a b Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O. 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,' Form yound Schedule R may need to be completed instead of instead of Pom 90-EZ 44 a b Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' Form 90 on ad Schedule R may need for instead of Pom 720 to report these paymen			_512	_0/2	
b At any time during the calendar year, idd the organization marked an interest in or a signature or other autonity over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If 'Yes,' enter the name of the foreign country :			_[Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42 c 2 If 'Yes,' enter the name of the foreign country: >	D	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c 2 If 'Yes,' enter the name of the foreign country: - 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here - - 43 and enter the amount of tax-exempt interest received or accrued during the tax year - - - 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - - - b Did the organization perate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - <td></td> <td></td> <td></td> <td></td> <td></td>					
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c 2 If 'Yes,' enter the name of the foreign country: - 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here - - 43 and enter the amount of tax-exempt interest received or accrued during the tax year - - - 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - - - b Did the organization perate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - <td></td> <td></td> <td></td> <td></td> <td></td>					
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c 2 If 'Yes,' enter the name of the foreign country: - 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here - - 43 and enter the amount of tax-exempt interest received or accrued during the tax year - - - 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - - - b Did the organization perate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - <td></td> <td></td> <td></td> <td></td> <td></td>					
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c 2 If 'Yes,' enter the name of the foreign country: - 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here - - 43 and enter the amount of tax-exempt interest received or accrued during the tax year - - - 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - - - b Did the organization perate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ - <td></td> <td></td> <td></td> <td></td> <td></td>					
If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here 43 mail of the organization maintain any donor advised funds during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 45 a Did the organization nave a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	C		42 c		Х
and enter the amount of tax-exempt interest received or accrued during the tax year		If 'Yes,' enter the name of the foreign country:			
and enter the amount of tax-exempt interest received or accrued during the tax year					
and enter the amount of tax-exempt interest received or accrued during the tax year					
and enter the amount of tax-exempt interest received or accrued during the tax year					
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a 2 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a 2 c Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O. 44 c 2 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44 d 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' 45 b 2	43				
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a 44 a 44 a 2 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 b 2 c Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O. 44 c 2 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44 d 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' 45 b 2		and enter the amount of tax-exempt interest received or accrued during the tax year		Ves	No
of Form 990-EZ 44 a 22 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a 22 c Did the organization receive any payments for indoor tanning services during the year? 44 b 22 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44 d 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a 22 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 b 2	44 -	Did the organization maintain any donor advised funds during the year? If 'Yes' Form 900 must be completed instead		103	
instead of Form 990-EZ 44 b 2 c Did the organization receive any payments for indoor tanning services during the year? 44 c 2 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44 d 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 b 2	-+-+ d		44 a		Х
c Did the organization receive any payments for indoor tanning services during the year? 44 c d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a 45 b 25	b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a 45 b 22	c				X
Schedule O. 44 d 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 145 a 45 a 2 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 145 b 2 45 b 2					
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		Schedule O	-		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					X
TEEA0812 02/14/12 Form 990-EZ (20	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	45 h		Х
		TEEA0812 02/14/12	orm 990)-EZ (

Form 990-E	Z (2011) USA TRACK & FIELD 1	LLINOIS ASSOCI	ATION		31-	-1075269	<u>}</u>	P	age 4
						1	<u> </u>	/es	No
46 Did th	e organization engage, directly or indirectly dates for public office? If 'Yes,' complete So	/, in political campaign a	ctivities on be	ehalf of or in	opposition to		46		v
Part VI	Section 501(c)(3) organizations							on	Х
Faitvi	501(c)(3) organizations and sect	ion 4947(a)(1) none	xempt cha	aritable tru	sts must answe	r auestio	11 SECU NS	UII	
	47-49b and 52, and complete the	tables for lines 50	and 51.						
	Check if the organization used Schedule	O to respond to any que	etion in this F	Part \/I					
	Check in the organization used Schedule	O to respond to any que	500111111151	altvi		<u></u>		es /	No
47 Did th	e organization engage in lobbying activities	s or have a section 501(h	n) election in	effect during	the tax year? If 'Ye	es,'		63	
	lete Schedule C, Part II						47		Х
	organization a school as described in sect						48		Х
	e organization make any transfers to an ex		-				49 a		Х
	s,' was the related organization a section 52	-					49 b		
50 Comp	plete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated empl	oyees (other	than officer	s, directors, trustees	s and key			
empic	yees) who each received more than \$100,			_	(d) Health benefits				(
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(Forms W-2/	compensation /1099-MISC)	contributions to emplo		Estimated a her compe	nsatio	n
	paid more than \$100,000	devoted to position			benefit plans, and deferred compensation				
NONE	NONE								
		+							
		+							
e Total	number of other employees paid over \$100),000							
51 Comp	blete this table for the organization's five high	hest compensated indep	pendent cont	ractors who	each received more	e than \$100	,000 of		
	ensation from the organization. If there is n					<u> </u>			
(a)	Name and address of each independent contractor paid	more than \$100,000		(b) Type o	of service	(c) Comper	sation	·
NONE									
	•								
	number of other independent contractors e		<i>,</i>			· •			
52 Did th	ne organization complete Schedule A? Not able trusts must attach a completed Sched	e: All section 501(c)(3) o	rganizations	and 4947(a)	(1) nonexempt	► 5	Yes	Г	No
							163		
true, correct, ar	s of perjury, I declare that I have examined this return, inc nd complete. Declaration of preparer (other than officer) is I	based on all information of whic	ch preparer has a	ny knowledge.					
	Signature of officer				03/06/12 Date				
Sign									
Here	LORETTE CHERRY Type or print name and title.				SECRETARY				
	Print/Type preparer's name	Preparer's signature		Date		# PTIN			
Paid	WILLIE E DOVER	WILLIE E DOVER		03/22/1	.2 self-employed	9 P0016	17ANT		
Preparer Use Only	Firm's name W.E.D. TAX & ACC		ES, INC			•			
Jos only	Firm's address 5629 W MADISON CHICACO	21KFF1	IL	60644	Firm's EIN	► (773) 6	26-10	<u>م ۸</u> ۲	
May the IP	CHICAGO S discuss this return with the preparer show	un ahova? Saa instructio			Phone no.	· · · ·	Yes		No
may the life							rm 990-i		
								· · ·	

									OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Public	Charity Status a	and P	ublic	Supp	ort			2011
(Complete if the o	organization is a section 4947(a)(1) nonexempt	n 501(c)(charital	3) orgar ble trust	ization	or a sec	tion		Open to Public
Department of the Treasury Internal Revenue Service	Attach to F	Form 990 or Form 990-E	Z. ► Se	e separa	ate instr	uctions			Inspection
Name of the organization							Employe	r identifica	tion number
	ELD ILLINOIS ASSOC							075269	
	or Public Charity Status	1 0				oart.) S	ee inst	ruction	S.
ř.	a private foundation because i			•	,				
	vention of churches or associa			ction 17	0(b)(1)(A	A)(i).			
	ribed in section 170(b)(1)(A)								
	a cooperative hospital service	•		• • •					
	earch organization operated ir	n conjunction with a hosp	ital desc	ribed in s	section	170(b)(1	l)(A)(iii)	Enter th	ie hospital's
name, city, an 5 An organizatio 170(b)(1)(A)(i	on operated for the benefit of a v). (Complete Part II.)	a college or university ow	ned or o	perated	by a gov	ernment	tal unit d	escribed	in section
6 A federal, stat	e, or local government or government								telle alle e colte e al
in section 17	on that normally receives a sul 0(b)(1)(A)(vi). (Complete Par	t II.)		governr	nental ul	nit or fro	m the ge	eneral pu	IDIIC described
	trust described in section 170 on that normally receives: (1) r		,	rom con	tribution	c momt	orchin f	ooc ond	aross rocoints
from activities investment inc	related to its exempt function come and unrelated business 5. See section 509(a)(2). (Cor	 s – subject to certain exe taxable income (less sec 	ceptions.	and (2)	no more	than 33	3-1/3% o	f its supp	oort from gross
·	on organized and operated exe	1 ,	safety.	See sec t	tion 509	(a)(4).			
11 An organization more publicly	on organized and operated exe supported organizations desc	clusively for the benefit o ribed in section 509(a)(1)	f, to perfe) or section	orm the t on 509(a	unctions	s of. or c	arry out n 509(a)	the purp)(3). Che	oses of one or eck the box that
	type of supporting organizatio	·						. —	
a Type I	b Type II		I – Func		0			d	Type III – Other
e By checking the other than four section 509(a)	nis box, I certify that the organ ndation managers and other t)(2).	ization is not controlled of han one or more publicly	lirectly or supporte	r indirect ed organ	ly by one izations	e or mor describe	e disqua ed in sec	lified per ction 509	rsons (a)(1) or
f If the organiza	ation received a written determ	nination from the IRS that	is a Typ	е I, Туре 	e II or Ty	pe III su	pporting	organiza	ation,
g Since August	17, 2006, has the organization	n accepted any gift or co	ntributio	n from a	ny of the	followin	g persor	ns?	Yes No
(i) A perso	n who directly or indirectly cor he governing body of the supp	ntrols, either alone or toge	ether with	n person	s descril	oed in (ii) and (iii)	
-	member of a person describe	0							
	controlled entity of a person describe								
	llowing information about the								
(i) Name of suppo		(iii) Type of organization		s the	(v) Did v	ou notify	(vi) l	s the	(vii) Amount of support
organization		(described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	ation in i) listed in overning	the organ	nization Ín n (i) of	organiz colur organiz	ation in mn (i) ed in the	(III) A mount of support
				ment?	Vee	Na	U.S		
			Yes	No	Yes	No	Yes	No	
<u>(</u> A)									
<u>(B)</u>									
(C)									
<u>(D)</u>									
<u>(E)</u>									
Total									
	eduction Act Notice, see the	e Instructions for Form	990 or 9	90-E7			Schedu	le A (Fo	rm 990 or 990-EZ) 2011

Page 2

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or 3 facilities furnished by a governmental unit to the organization without charge. . . Total. Add lines 1 through 3 . . The portion of total 5 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 (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) 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 10 gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 11 through 10 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16 a 33-1/3% support test - 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 BAA Schedule A (Form 990 or 990-EZ) 2011

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.)

Jec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions						
	and membership fees received. (Do not include						
	any 'unusùal grants.')	198,492.	135,440.	136,924.	137,924.	157,997.	766,777.
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose Gross receipts from activities						
3	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	198,492.	135,440.	136,924.	137,924.	157,997.	766,777.
7 a	Amounts included on lines 1,	· ·					
	2, and 3 received from						
	disqualified persons						
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						
c	Add lines 7a and 7b						
-	Public support (Subtract line						
Ŭ	7c from line 6.)						766,777.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	198,492.	135,440.	136,924.	137,924.	157,997.	766,777.
10 a	Gross income from interest,						
	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975				0.		0.
С	Add lines 10a and 10b · · · · ·				0.		0.
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 Ins 9, 10c, 11, and 12.)						766,777.
14	First five years. If the Form 990 is	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
Sec	organization, check this box and s tion C. Computation of Pu						
15	Public support percentage for 201		9	column (f))		15	100.00 %
	Public support percentage from 20		•	.,,			100.00 %
16 Sec	tion D. Computation of Inv					10	T00.00 8
17	Investment income percentage for)	17	0.00 %
18	Investment income percentage for		• •		·		0.00 %
	33-1/3% support tests – 2011. If						
199	is not more than 33-1/3%, check th	nis box and stop h	ere. The organizat	tion qualifies as a p	bublicly supported	organization	· · · · · · ► X
b	33-1/3% support tests - 2010. If	the organization d	id not check a box	on line 14 or line 1	19a. and line 16 is	more than 33-1/3%	6. and
	line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	n ► 📘
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see	nstructions	

Schedule A Part IV	(Form 990 or 990 Supplementa Part II, line 17 (See instruction	-EZ) 2011 U al Information 'a or 17b; and ons)	ISA TRACK ۵ n. Complete t l Part III, line	FIELD II his part to pi 12. Also con	CLINOIS rovide the plete this	ASSOCIATION explanations req part for any addi	31-1075269 uired by Part II, line 10 tional information.	Page 4 ;
. <u> </u>	(000 1101 001							
						·····		
					·			

SCHEDULE O	Supplemental Information to Form 990 or 990-E	-7	OMB No. 1545-0047
(Form 990 or 990-EZ)			2011
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organization		Employer identification	number
<u>USA TRACK & FI</u>	ELD ILLINOIS ASSOCIATION	31-1075269	

TEEA4901 07/14/11

990-EZ, 990, 990-T and 990-PF Information Worksheet

2011

Part I – Identifying Information										
Employer Identification Number										
Name		ILLINOIS ASSO	<u>CIATION</u>							
Address	1213 MAPLE AVENU		Room/Suite .							
City	LISLE	State . I	<u>L</u> ZIP Code	e <u>60532</u>						
Telephone Number Fax	(630) 512-0727	Extension E-Mail Address								
Eligible for hurricane tax relief legislation benefits, check here										
Part II – Type of Return										
XForm 990-EZ onlyForm 990 onlyForm 990-PF onlyForm 990-T only	Form 990-EZ with Form 990 with Fo Form 990-PF with Form 990-N (gross	rm 990-T	less) for Elect	ronic Filing only						
QuickBooks Import Users 990 imported data copied to the E year 990 and now qualify to file th	Z OR for those not impor	ting from QuickBooks box to transfer 990 o	s who transferre							
Before transferring dat filing Form 990 to 990-EZ" lis	a from Form 990 to Form	990-EZ , refer to "He								
Part III – Type of Organization	n									
501(c) Trust 4947(a)(1) Trust 408(e) Trust 401(a) Trust	501(c) Trust (subsection number) 408A Trust 4947(a)(1) Trust 529(a) Corporation 408(e) Trust 529(a) Trust 401(a) Trust 530(a) Trust									
Part IV – Tax Year and Filing	Information									
X Calendar year Fiscal year – Ending mo Short year – Beginning X Check this box if the organi		Ending date								
Part V – 2011 Estimated Taxe										
		ion								
Amount of 2010 overpayment cre		F	Form 990-T	Form 990-PF						
	Form	990-T	Form	990-PF						
Du Payment Quarters Da		Amount Paid	Date Paid	Amount Paid						
2nd Quarter Payment06/13rd Quarter Payment09/1	8/11 - 5/11 - 5/11 - 5/11 -									
Additional Payment 1 Additional Payment 2										
Additional Payment 3										

Additional Payment 4

31-1075269 Page 2

Part VI – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Electronic Filing:

X File the federal return electronically

Practitioner PIN program:

 X
 Sign this return electronically using the Practitioner PIN

 ERO entered PIN

 Officer's PIN (enter any 5 numbers) . . <u>10752</u>

 Date PIN entered 03/06/2012

Electronic Filing of Extensions:

Check this box to file Form 8868 (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name . LORETTE CHERRY

Electronic Filing of Amended Return:

Check this box to file **amended return** electronically

Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)

Yes No

Use electronic funds withdrawal of federal balance due (EF only)?

Use electronic funds withdrawal of Form 8868 balance due (EF only)?

Use electronic funds withdrawal of amended return balance due (EF only)?

If any options selected above, enter information below, (Review transferred information for accuracy)

Bank Information

Name of Financial Institution (optional) ,
Check the appropriate box Checking Savings
Routing number
Account number
Payment Information
Enter the payment date to withdraw tax payment
Balance due amount from this return
Enter an amount to withdraw tax payment
If partial payment is made, the remaining balance due
Payment date for amended returns
Balance due amount for amended returns

Part VIII - Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation.

Part IX – Return Preparer

QuickZoom to Form 990-PF, Page 1....

QuickZoom to Form 990-T, Page 1 QuickZoom Description Description	
QuickZoom to Client Status.	·

1

teew0101.SCR 12/09/11

Other expenses (describe in Schedule O)	10,181.
D&O INSURANCE	<u> </u>
LOAN	9,101.
Total	<u> 19,477.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ F