## **Main Information Sheet**

2014

For calendar year 2014 or tax year beginningJan 01,2014 and	ending <u>Dec 31, 2014</u>
Name:USA TRACK & FIELD ILLINOIS ASSOCIName line 2:	EIN: <u>31-1075269</u> Telephone No: <u>630-512-0727</u>
Email address	Other: Specify:
Preparer ID: WILLIE Preparer name: WILLIE E DOVER Firm's name: WED TAX & ACCOUNTING SERVICES INC Address: 5629 W MADISON STREET	Time in this return: 79 minutes Date: 05/14/2015 PTIN: P00016290 Self-employed: Firm's EIN:

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City, State, ZIP Code: CHICAGO IL 60644-

US990MI1

773-626-1040

Phone:

ī

# 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)

#### OMB No. 1545-1150

**Open to Public** 

Inspection

# 2014

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Department of the Treasury			
Internal Revenue Service	Information about Form 99	0-EZ and its instructions is at www.irs.gov/fo	orm990.
A For the 2014 calenda	ar year, or tax year beginning	Jan 01 , <b>2014, and ending</b>	Dec

Α	For the 2014 c	alendar year, or tax year beginning ${\tt Jan}$ $01$ , 2014, and ending	Dec 31, <b>20</b> 14	
в	Check if applicable:	C Name of organization	D Employer identification number	
	Address change	USA TRACK & FIELD ILLINOIS ASSOCIAT		
	Name change		31-1075269	
	Initial return	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number	
	Final return /terminated	1213 MAPLE AVENUE	630-512-0727	
	Amended return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption	
	Application pending	LISLE IL 60532	Number ►	
G	Accounting Met	hod: Cash X Accrual Other (specify) ▶	H Check► X if the organization is not	
I.	Website: ►		required to attach Schedule B	
J	Tax-exempt sta	tus (check only one) - X 501(c)(3) 501(c)( ) ◄ (insert no.) 4947(a)(1) or 527	(Form 990, 990-EZ, or 990-PF).	
κ	Form of organiza	ation: X Corporation Trust Association Other		

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if

total a	issets	(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	140,161.
Par		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	140,161.
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
one	6	Gaming and fundraising events		
Revenue	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a		
Re	b	Gross income from fundraising events (not including \$ of contributions		
		from fundraising events reported on line 1) (attach Schedule G if the sum		
		of such gross income and contributions exceed \$15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7 a	Gross sales of inventory, less returns and allowances		
	b	DLess: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	140,161.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	67,795.
es	12	Salaries, other compensation, and employee benefits	12	14,183.
Expenses	13	Professional fees and other payments to independent contractors	13	
ă	14	Occupancy, rent, utilities, and maintenance	14	30,811.
ш	15	Printing, publications, postage, and shipping	15	5,754.
	16	Other expenses (describe in Schedule O)	16	9,929.
	17	Total expenses. Add lines 10 through 16	17	128,472.
s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,689.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Net Assets		end-of-year figure reported on prior year's return)	19	3,561.
Vet	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,250.
		and Deduction Act Nation and the commute instructions		= 000 E7 (ast i)

Form 990-EZ (2014) USA TRACK & F]	ELD ILLINOIS ASSO	CIAT	31-	1075269	Page <b>2</b>
Part II Balance Sheets (see the inst	ructions for Part II)				
Check if the organization used Sc	hedule O to respond to any qu	estion in this Part II	<u></u>		
		(A) Beginn	• •	(B) End of	,
22 Cash, savings, and investments			3,561. <b>2</b>	2 <b>2</b> 1	5,250.
<b>23</b> Land and buildings			2	23	
<b>24</b> Other assets (describe in Schedule O)				24	
25 Total assets			3,561. <b>2</b>	25 1	5,250.
<b>26</b> Total liabilities (describe in Schedule O) .				26	
27 Net assets or fund balances (line 27 of colum	nn (B) <b>must</b> agree with line 21) .		3,561. <b>2</b>	27 1	5,250.
Part III Statement of Program Service	ce Accomplishments (see	the instructions for	Part III)		
Check if the organization used Sc	hedule O to respond to any qu	estion in this Part III		Expens	
What is the organization's primary exempt purpose	? TRACK AND SPORTS	S ACTIVITIES	S	(Required for sect and 501(c)(4) orga	
Describe the organization's program service accor measured by expenses. In a clear and concise ma	nplishments for each of its three la	rgest program service	s, as	optional for others	
benefited, and other relevant information for each	program title.		50115	•	,
28 YOUTH TRACK & FIELD CLU	JB				
(Grants \$) If this am	ount includes foreign grants, check	here	►	<b>28a</b> 128	3,472.
29					
(Grants \$) If this am	ount includes foreign grants, check	here	►	29a	
30					
(Grants \$ ) If this am	ount includes foreign grants, check	here	►	30a	
31 Other program services (describe in Schedule	0)				
	ount includes foreign grants, check	here	▶ □	31a	
32 Total program service expenses (add lines				<b>32</b> 128	3,472.
Part IV List of Officers, Directors, Trustees				he instructions for	or Part IV)
Check if the organization used Sc	hedule O to respond to any qu	estion in this Part IV	1		
	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health be contributi employee ber	ons to (e) Es	stimated nount of
(a) Name and title	devoted to position	W-2/1099-MISC) (If not paid, enter-0-)	employee ber & deferred	comp. other co	ompensation
BRENDA KIMBROUGH					
PRESIDENT	20	0			
DARLENE SIMMONS					
1ST VP	10	0			
ART PAHL					
2ND VP	10	0			
JESS GATHING					
TREASURER	10	0			
LORETTE CHERRY					
SECRETARY	40	14,183.			
				Ī	
				Ī	
				Ī	
			1		

Form	990-EZ (2014) USA TRACK & FIELD ILLINOIS ASSOCIAT 31-10752	69	Pa	age <b>3</b>
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirement	nts in	the	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Pa	irt V .		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
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 change on Schedule O			
	(see instructions)	34		Х
₹5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	•		
554	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
h		35b		- 23
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 $\dots$	330		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	05.		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
86	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?			37
	If "Yes," complete applicable parts of Schedule N	36		Χ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911► ; section 4912► ; section 4955►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
~	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on			
	any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
~		400		- 11
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
ام	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by			
	the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40		37
	If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ► IL	= 1		
42a		-51	2 - 0	121
	Located at ► 1213 MAPLE AVENUE IL LISLE ZIP+4 ► 605	32		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	_		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
•	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			• F
10	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			Yes	No
			res	
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			37
	Form 990-EZ	44a		Х
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	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c	]	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	44d		
15a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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-E7 (see instructions)	45b		Х

Form **990-EZ** (2014)

Form	990-EZ (	2014)	USA	TRACK	& 1	FIELD	ILLINOIS	S ASS	OCIAT		31-10	75269	Page <b>4</b>
													Yes No
46		0		00/			n political campai	<i>.</i>				46	X
Pa	rt VI			1(c)(3) or			edule C, Part I					46	Λ
' u							must answer	questio	ons 47–49b a	nd 52, a	nd complete	e the table	s for lines
			nd 51.		U			•			·		
		Cheo	ck if the	organiza	tion u	ised Sch	edule O to re	spond t	o any questi	on in this	s Part VI		
													Yes No
47		-					have a section 5			-		47	x
48			•				170/b)/1)/0)/ii)2						X
-								X					
		U		2			organization?		0				
50				0			st compensated e						
	who ea	ch rece	eived mo	re than \$10	0,000 c	of compens	sation from the or	ganizatio	on. If there is nor	ne, enter "	None."		
							b) Average	(C	) Reportable	(d) Healt	th benefits, ons to employee	(e) Estima	ted amount
	(a) Na	me and	title of eac	h employee			nours per week voted to position		mpensation W-2/1099-MISC)	benefit pla	ans, and deferred	of other co	mpensation
NON	ı ت							(			peneauen		
1101													
f	Total n	umber	of other e	employees p	baid ov	er \$100,00	0						
51	Comple	ete this	table for	the organiz	ation's	five highe	st compensated i	ndepend	ent contractors	who each	received more	than \$100,0	00 of
	compe	nsation	from the	organizatio	on. If th	ere is none	e, enter "None."		1				
(a)	Name a	nd busir	ess addre	ess of each inc	depende	ent contracto	or		<b>(b)</b> Type of	of service		(c) Compens	ation
NON	ना												
d	Total n	umber	of other i	ndependent	t contra	actors each	n receiving over \$	100,000					
52	Did the	organi	zation co	mplete Sch	edule A	A? Note.	All section 501(c)	(3) organ	izations must at	tach a			_
	· ·		hedule A									X Yes	No
							Irn, including accom						Ind
bellel,	it is true	, correct	, and com	piele. Declara		oreparer (ou	ner than officer) is b	ased on a	in mormation of wr	lich prepare	er has any knowle	euge.	
0:											5/14/20	15	
Sigr		Si	gnature of	officer							ate		
Here	-	L	ORET	TE CHE	RRY			S	ECRETARY				
		Т	/pe or prin	t name and ti	tle				I			1	
Daid				rer's name			Preparer's signatu	ire	Date		Check	if PTIN	016000
Paid Prep		-	ı⊥£i £i name ►W:	DOVER ED TAX		ACCOU	NTING OF	VICE		14/2U	15 self-emplo	yed PUU	016290
	Only	Firm's n Firm's					STREET	ситС₽			Firm's EIN ► Phone no.	773-62	6-1040
	-	address		HICAGO								.,5 02	<u> </u>
May	the IRS	S discu					- nown above? S	ee instru	uctions			► X Yes	S No
BCA					•							Form <b>99(</b>	<b>)-EZ</b> (2014)

(Form	990	or	990-EZ)
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#### **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.

Depart	ment of the Treasury		Attach	to Form 990 or Form 9	90-EZ.			Open to Public			
	Revenue Service	Information at	oout Schedule A (Form	990 or 990-EZ) and its inst	ructions	is at ww	w.irs.gov/form990.	Inspection			
	of the organization						Employer identification				
τ	JSA TRACK 8	& FIELD II	LLINOIS ASS	OCIAT			31-107526	9			
Pa	art Reaso	n for Public C	harity Status (All	l organizations must	t comp	lete th	is part.) See instru	ctions.			
The c	organization is not a	private foundation	because it is: (For line	es 1 through 11, check o	nly one	box.)					
1	A church, conver	ntion of churches, c	or association of churc	ches described in <b>sectio</b>	n 170(b)	(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name,										
	city, and state:										
5		onerated for the he	nefit of a college or ur	niversity owned or operat	ted by a	aovernr	nental unit described in	)			
• _		)(A)(iv). (Complete	•	inversity owned of operation	icu by u	govenn		1			
с Г			,	t described in <b>castion 1</b>	70/6//4/						
6 7		•	•	t described in section 17			r from the general publ	ie.			
		•	•	of its support from a gove	ernment	ai unit o	r from the general publ				
	-		vi). (Complete Part II.)								
8			tion 170(b)(1)(A)(vi).	,							
9 2			()	1/3 % of its support from		-	1				
	•		•	bject to certain exception		. ,		S			
				iness taxable income (le			ax) from businesses				
_	acquired by the c	organization after J	une 30, 1975. See <b>se</b>	ction 509(a)(2). (Comple	ete Part	III.)					
10	An organization of	organized and oper	rated exclusively to te	st for public safety. See	section	509(a)(4	l).				
11	An organization of	organized and oper	rated exclusively for th	ne benefit of, to perform t	the funct	ions of,	or to carry out the purp	oses of			
	one or more publ	icly supported orga	anizations described in	n section 509(a)(1) or s	ection 5	609(a)(2)	. See <b>section 509(a)(</b>	3). Check			
	the box in lines 1	1a through 11d that	at describes the type o	of supporting organization	n and co	mplete I	ines 11e, 11f, and 11g				
а	Type I. A supp	orting organization	n operated, supervised	d, or controlled by its sup	ported o	rganizat	tion(s), typically by givin	ng			
	the supported of	organization(s) the	power to regularly ap	point or elect a majority of	of the di	ectors c	or trustees of the suppo	orting			
	organization. Y	ou must complet	e Part IV, Sections A	and B.							
b	Type II. A sup	porting organizatio	n supervised or contro	olled in connection with it	ts suppo	rted org	anization(s), by having				
			•	vested in the same perso		-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		•	lete Part IV, Sections	•			0 11				
с		-		ation operated in connect	ction wit	h. and fu	unctionally integrated w	rith.			
-				ust complete Part IV, S				,			
d	```	•	,	ganization operated in c				n(s)			
ŭ				erally must satisfy a dist							
				art IV, Sections A and D		•					
•			•	termination from the IRS							
е		-				атуре	і, туре іі, туре іі				
4				grated supporting organiz	Lation.						
י מ	Enter the number of Provide the followir		ut the supported organ	$\cdots$							
Э		0			( )			( )) ( ) ( )			
	(i) Name of supported	d organization	(iI) EIN	(ill) Type of organization (described on lines 1-9	• • •	ls the ion listed	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above or IRC section	in your g	overning	instructions)	instructions)			
				(see instructions))		ment?	,	,			
					Yes	No					
(A)											
(B)											
. ,											
(C)											
/											
(D)											
~/											
(E)											
(-)											
Total											

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

OMB No. 1545-0047

2014

Dest. I'

Schedule A (Form 990 or 990-EZ) 2014

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

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

 Section A. Public Support

Sect	ion A. Public Support						
Calenc	lar year (or fiscal year beginning in)	(a) 2010	(a) 2011	(a) 2012	<b>(a)</b> 2013	<b>(a)</b> 2014	(a) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	137924.	157997.	116514.	209822.	140161.	762418.
2	Gross receipts from admissions, merchan-						
	dise 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						
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	137924.	157997.	116514.	209822.	140161.	762418.
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						762418.
Secti	ion B. Total Support						
Calenc	lar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(a)</b> 2011	<b>(a)</b> 2012	<b>(a)</b> 2013	<b>(a)</b> 2014	(a) Total
9	Amounts from line 6	137924.	157997.	116514.	209822.	140161.	762418.
10a	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						
С	Add lines 10a and 10b						
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	137924.	157997.	116514.	209822.	140161.	762418.
14	First five years. If the Form 990 is for the or	ganization's first	, second, third, fo	ourth, or fifth tax	year as a sectio	n 501(c)(3)	
	organization, check this box and stop here						🕨
Secti	on C. Computation of Public Supp	ort Percenta	age				
15	Public support percentage for 2014 (line 8, co	()	<b>,</b> ,	())			00.00 %
16	Public support percentage from 2013 Schedu					<b>16</b> 1	00.00 %
Secti	on D. Computation of Investment I	ncome Perc	entage				
17	Investment income percentage for 2014 (line	e 10c, column (f)	divided by line 1	3, column (f))		17	0.00 %
18	Investment income percentage from 2013 S					18	0.00 %
19a							
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b							
	line 18 is not more than 331/3%, check this b	box and stop he	ere. The organization	ation qualifies as	a publicly suppo	orted organizatio	n 🕨 📃
20	Private foundation. If the organization did	not check a box	on line 14, 19a, o	or 19b, check thi	s box and see in	structions	🕨

Page 3

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	<ul> <li>Supplemental Information to Form 990 or 990-E</li> <li>Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.</li> <li>► Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.g</li> </ul>	'n	OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organization		Employer iden	tification number
USA TRACK &	FIELD ILLINOIS ASSOCIAT	31-10	75269
PART 1 LINE 1	б		
OTHER EXPENSE	S: TRAVEL, OTHER, BAANK CHARGES, DONATION		

Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning Jan 01, 2014, & ending Dec 31,20 14

Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. OMB No. 1545-1878

2014

Employer identification number

31-1075269

Internal Revenue Service Name of exempt organization

Department of the Treasury

USA TRACK & FIELD ILLINOIS ASSOCIAT

Name and title of officer

LORETTE CHERRY

SECRETARY Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I. **1a** Form 990 check here ► □ **b Total revenue.** if any (Form 990, Part VIII, column (A) line 12) 1h

2a Form 990-EZ check here ► 🛛 b Total revenue, if any (Form 990-EZ, line 9)	. 2b	140,161.
3a Form 1120-POL check here ► 🗌 b Total tax (Form 1120-POL, line 22)	. 3b	
4a Form 990-PF check here ► _ b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here F 🗌 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	. 5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

Х	I authorize <u>WED</u>	TAX	&	ACCOUNTING	SERVIC		to enter my PIN	10752	as my signature
	ERO firm name				Enter five numbers, bu do not enter all zeros	t			

on the organization's tax year 2014 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2014 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.

Officer's signature

Date ► 05/14/2015

do not enter all zeros

36336310752

#### **Certification and Authentication** Part III

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

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization 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.

ERO's signature		Date 🕨	08/24/2015
	ERO Must Retain This Form - See Instructions		

#### Do Not Submit This Form To the IRS Unless Requested To Do So

#### WED TAX ACCOUNTING SERVICES INC 5629 W MADISONSTREET CHICAGO IL 60644

August 24, 2015

LORETTE CHERRY USA TRACK & FIELD ILLINOIS ASSOCIAT 1213 MAPLE AVENUE LISLE, IL 60532

Enclosed is the 2014 Federal 990EZ tax return for USA TRACK & FIELD ILLINOIS ASSOCIAT.

Your Federal tax return has been filed electronically. Please keep a copy of the return with your records.

Your 2014 IL state tax return is enclosed. The return must be signed by an officer of the organization and mailed by 12/30/1899 to the address below.

Illinois Department of Revenue P.O. Box 19009 Springfield, IL 62794-9009

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

WILLIE E DOVER

#### USA TRACK & FIELD ILLINOIS ASSOCIAT

1213 MAPLE AVENUE LISLE IL 60532

INVOICE DATE: 08/24/2015 ID NUMBER: 31-1075269 TELEPHONE: 630-512-0727 INVOICE NO.: 954

### **2014 INVOICE**

Description

- Form 990-EZ 1
- 1
- Schedule A, Supplementary Information Schedule O, Supplemental Information to Form 990 1
- Form 8879EO, IRS e-file Signature Authorization 1
- 5 Detail Sheets
- 1 IL State Return

Remarks:		
	Total Charges	500.00
	Discount	
	Sales Tax	
	Payments	
	Amount Due	500.00
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Name: USA TRACK & FIELD ILLINOIS ASSOCIAT

ID: 31-1075269

#### Description: MEMBERSHIP DUES AND ASSESSMENT

Type YOUTH YOUTH 2 MASTERS 1 ASSN SANCATION FEES BACKGROUND CHECK CONTRIBUTIONS INDIVIDUAL MEMBERSHIPS TO CERTE	Amount 53,358. 2,445. 2,129. 19,364. 8. 6,095. 7.
YOUTH 2 MASTERS 1 ASSN SANCATION FEES BACKGROUND CHECK CONTRIBUTIONS INDIVIDUAL MEMBERSHIPS	2,445. 2,129. 19,364. 8. 6,095. 7.
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ASSN SANCATION FEES BACKGROUND CHECK CONTRIBUTIONS INDIVIDUAL MEMBERSHIPS	19,364. 8. 6,095. 7.
BACKGROUND CHECK CONTRIBUTIONS INDIVIDUAL MEMBERSHIPS	8. 6,095. 7.
CONTRIBUTIONS INDIVIDUAL MEMBERSHIPS	6,095. 7.
INDIVIDUAL MEMBERSHIPS	7.
JO STATE	39,401.
MISC	100.
NATIONAL SANCTION FEES	2,254.
OFF RECERTIFICATION	600.
OPEN MASTERS ASSOC INDOOR T&F	12,560.
OPEN MASTERS ASSOC INDOOR 14F OPEN MASTERS ASSOC OUTDOOR T&f	450.
USA YOUTH NATIONAL OUTDOOR	210.
USA YOUTH NATIONAL OUTDOOR	
	180.
	I,UUU.
Total	140,161.
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#### Name: USA TRACK & FIELD ILLINOIS ASSOCIAT

**ID**: 31-1075269

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Description: BENEFITS FOR MEMBERS

Туре	Amount
YOUTH 1	44,135.
YOUTH 2	2,100.
MASTERS 1	1,350.
ANNUAL CONVENTION	4,550.
ANNUAL MEETIING	1,903.
ASSN WORKSHOP	600.
BOOTH RENTAL	225.
DUES & SUBSCRIPTION	45.
FACILITY RENTAL MASTERS	90.
FACILITY RENTAL YOUTH	
	3,618.
GOVERNMENT REPORTS	801.
INSURANCE LIABILITY	255.
LDR CONFERENCE	230.
LEGAL & PROFESSIONAL FEES	900.
LICENSE & PERMITS	223.
MASTER & OPEN	125.
NATIONAL SANCTION FEES	1,370.
OFF RECERTIFICATION	295.
REFUND BACKGROUND CHECK	96.
SANCTION ASSN	560.
SPORTS EQUIPMENT	315.
YOUTH TRACK MEET	4,009.
Total	67,795.
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#### Name: USA TRACK & FIELD ILLINOIS ASSOCIAT

ID: 31-1075269

#### Description: OTHER EXPENSES

	Туре	Amount
RAVEL		7,100 2,25 1 55
HER		2,25
NK CHARGES NATION		1
NATION		55
Total		

Name: USA TRACK & FIELD ILLINOIS ASSOCIAT

ID: 31-1075269

#### Description: PRINTING PUBLICATIONS POSTAGE

Туре	Amount
DVERTISING	593
VARDS	1,620 2,248
FICE SUPPLIES	2,248
MINISTRATIVE EXPENSES	81
IOTOS	332
STAGE	869
51102	
Total	
Total	

#### Name: USA TRACK & FIELD ILLINOIS ASSOCIAT

**ID:** 31-1075269

#### **Description:** OCCUPANCY

Туре	Amount
OFFICE EQUIPMENT	18,178.
OFFICE EQUIPMENT RENT	9,750.
OFFICE INTERNET	826.
OFFICE INTERNET OFFICE PHONE	1,817.
WEB HOSTING	240.
Tatal	30,811.
Total           © 2014 CCH Small Firm Services. All rights reserved.	
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