For calendar year 2015 or tax year beginning JAN 01, 2016	and ending DEC 31, 2016							
Name: USA TRACK & FIELD ILLINOIS ASSORTION Name line 2: Address: 1770 W STATE STREET SUITE A SYCAMORE IL 60178-	CIAT EIN: 31-1075269 Telephone No: 815-991-5429							
Email address								
Type of exempt organization: Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990) Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ) Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF) Exempt organization with unrelated business income (Form 990-T)								
Preparer ID: WILLIE Preparer name: WILLIE E DOVER JR Firm's name: WED TAX ACCOUNTING SERVICES INC Address: 5629 W MADISON STREET City, State, ZIP Code: CHICAGO IL 60644-	Time in this return: 454 minutes Date: 09/22/2017 PTIN: P00162901 Self-employed: Firm's EIN: Phone: 773-626-1040							

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2016 cal		nding DEC 31,							
<u>B</u>	Check if a	applicable:	C Name of organization USA TRACK & FIELD ILLINOIS	ASS D Employer	identification number						
	Address	change	Doing business as								
П.			Number and street (or P.O. box if mail is not delivered to street address) Room/suite	31-1075	5269						
Ш'	Name ch	change 1770 W STATE STREET SUITE A E Telephone number									
	nitial retu	urn	City or town State ZIP code	815-991	E420						
П.	<u>.</u>		SYCAMORE IL 60178-	012-991	1-5429						
닏'	-ınaı return	n/terminated	Foreign country name Foreign province/state/county Foreign postal	code							
	Amended	d return		G Gross rece	eipts \$ 175950.						
П	A policotic	on pending	F Name and address of principal officer: BRENDA KIMBROUGH	H(a) Is this a group return f	or subordinates?						
ш,	чррисанс	on pending	1770 W STATE S SYCAMORE IL 60178-	.,	= =						
-				H(b) Are all subordinate							
II	ax-exem	npt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a lis	st. (see instructions)						
J	Vebsite	: ► WW	W.USATFILLINOIS.ORG	H(c) Group exemption	number▶						
		rganization									
				r of formation:	M State of legal domicile:						
	art I		mmary								
4	1			TH TRACK &	FIELD CLUB						
ĕ		TRACE	AND SPORTS ACTIVITIES								
па											
ě	2	Check t	nis box if the organization discontinued its operations or disposed	d of more than 25%	6 of its net assets.						
Ő	3		of voting members of the governing body (Part VI, line 1a)		3 5						
∘ఠ	4		of independent voting members of the governing body (Part VI, line 1b)		4						
es	5		mber of individuals employed in calendar year 2016 (Part V, line 2a).		5						
ξ			, , , , , , , , , , , , , , , , , , , ,		6						
Activities & Governance	6		mber of volunteers (estimate if necessary)								
⋖	7a		related business revenue from Part VIII, column (C), line 12		7a						
	b	Net unre	elated business taxable income from Form 990-T, line 34		7b						
				Prior Year	Current Year						
e	8		itions and grants (Part VIII, line 1h)	25422	28. 175950.						
Revenue	9		n service revenue (Part VIII, line 2g)								
è	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)								
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.5.4.0.4	155050						
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25422	28. 175950.						
	13		and similar amounts paid (Part IX, column (A), lines 1–3)								
	14		paid to or for members (Part IX, column (A), line 4)	14908							
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10).		14156.						
uS	16a	Profess	onal fundraising fees (Part IX, column (A), line 11e)								
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶								
ũ	17	Other ex	cpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10946	88828.						
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25).	25854	48. 148620.						
	19		e less expenses. Subtract line 18 from line 12	-432							
or				Beginning of Current							
ets	20	Total as	sets (Part X, line 16)	1093							
Ass	21		bilities (Part X, line 26)								
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 21 from line 20	1093	30. 38260.						
	rt II		nature Block								
			y, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of m	ny knowledge						
	•		ect, and complete. Declaration of preparer (other than officer) is based on all information of w		,						
C: 4				09/2	22/2017						
Sig			Signature of officer	Date							
He	re		LORETTE CHERRY SEC	RETARY							
			Type or print name and title								
		Prin	/Type preparer's name Preparer's signature	Date	PTIN						
Pa	id				heck if						
	eparer	. WII	LIE E DOVER JR WILLIE E DOVER	09/22/2017 S	elf-employed P00162901						
	e Only		's name ►WED TAX ACCOUNTING SERVICES	Firm's EIN ▶							
J	C Oilly	Firm	's address ▶ 5629 W MADISON STREE CHICAGO IL 6	0644 Phone no.	773-626-1040						
					Y Yes No						

	90 (2016) rt III	Ctotoment of Program Corving Assemblishments	31-10/3209 Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1		scribe the organization's mission: TRACK & FIELD CLUB	
		AND CDODEC ACTIVITEC	
	INACI	AND SPORTS ACTIVITIES	
2	the prior	rganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	. Yes X No
3	Did the o	rganization cease conducting, or make significant changes in how it conducts, any program	Yes X No
		describe these changes on Schedule O.	
4	Describe expenses	the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alexpenses, and revenue, if any, for each program service reported.	
4a	(Code: TRACK) (Expenses \$ 148620. including grants of \$) (Revenue AND SPORTS ACTIVITIES	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	(/ (·/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4 -1	O4b =	over somities (Describe in Cabadula O.)	
4d		ogram services. (Describe in Schedule O.)	1
4e	(Expense	es \$ including grants of \$) (Revenue \$ gram service expenses • 148620.	
	. July	g. a 55 55 onpolicos - = = 5 5 = 5 1	

Part	IV Checklist of Required Schedules		-	age C
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			3.7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
4-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			 -
. •	If "Yes," complete Schedule G, Part III	19		Х

rai	Checklist of Required Schedules (Continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Λ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		21
2 70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Χ
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			3.7
22	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			7.7
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		27
30	102 Note All Form 990 filers are required to complete Schedule O	20	v	

Part V

	Check if Schedule O contains a response or note to any line in this Part V		•	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			3.7
_	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			3.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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			37
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	,			

Part VI

Sect	on A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with						
	any other officer, director, trustee, or key employee?		2		Χ			
3	Did the organization delegate control over management duties customarily performed by or under							
	supervision of officers, directors, or trustees, or key employees to a management company or ot		3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Χ			
5	Did the organization become aware during the year of a significant diversion of the organization		5		Χ			
6	Did the organization have members or stockholders?		6		Χ			
7a	Did the organization have members, stockholders, or other persons who had the power to elect							
	one or more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members							
~	stockholders, or persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertail							
·	the year by the following:	Kon daning						
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		0.0					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		X			
Sect	on B. Policies (This Section B requests information about policies not required by the							
	· · · · · · · · · · · · · · · · · · ·			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	Χ				
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	h chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?	10b	Χ				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Χ				
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Χ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?							
	describe in Schedule O how this was done		12c	Χ				
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and app	roval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?						
а	The organization's CEO, Executive Director, or top management official		15a		X			
b	Other officers or key employees of the organization		15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	_						
	with a taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluate the organization of the organization of the organization to evaluate the organization of the organization							
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa							
	the organization's exempt status with respect to such arrangements?		16b		X			
-	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed			- -				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	990-1 (Section 501(c)(3)s c	nly)				
	available for public inspection. Indicate how you made these available. Check all that apply.							
46		(plain in Schedule O						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of interest p	oolicy,	and				
22	financial statements available to the public during the tax year.	a baalaa awata						
20	State the name, address, and telephone number of the person who possesses the organization's							
	LORETTE CHERRY 1213 MAPLE AVEN LISLE IL 60532	630-512-0	141					
	TOTO LIVETH WARIN HIGHT IN OCCUP							

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

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

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

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

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

Check this box if neither the organization nor ar	ny related organ	izatio	n co	omp	ens	ated a	any	current officer,	director, or trust	ee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson lirect	than or highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRENDA KIMBROU PRESIDENT	10			X				0	0	0
(2) DARLENE SIMMON 1ST VP	10			X				0	0	0
(3) ART PAHL 2ND VP	10			X				0	0	0
(4) JESS GATHING TREASURER	10			X				0	0	0
(5) LORETTE CHERRY SECRETARY	20			X				0	0	0
(6)										
_(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	art VII	Section A. Officers, Directors, T	rustees, Key Eı	mplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinue	ed)	,
	(C) Position													
		(A) Name and title	(B) (do not check more than of							(D) Reportable	(E) Reportable		(F) stimated	
		Name and title	Average hours per					or/trus	tee)	compensation	compensation	an	nount of	
			week (list any hours for	Indi	Insti	Officer	Key	High	Former	from the	from related organizations		other pensatio	n
			related organizations	Individual trustee or director	tutio	er	Key employee	nest o	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anizatior	n
			below dotted	or tru	nal t		oloye	comp		(**-2/1099-101100)		an	d related	t
			line)	stee	Institutional trustee		Õ	Highest compensated employee				orga	anization	ıS
					ď			ated						
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total								▶					
c		n continuation sheets to Part VII,							•					
d	Total (add	d lines 1b and 1c)							•					
2		ber of individuals (including but not		listed	l ab	ove)) wh	o rec	eiv	ed more than \$1	00,000 of			
	reportable	e compensation from the organization	n ▶									1	Yes I	No.
3	Did the or	ganization list any former officer, di	rector or trustee	- kev	/ en	nnlo	VEE	or h	iah	est compensate	d		162	NO
J		on line 1a? If "Yes," complete Sche										3	Σ	Χ
4	For any in	dividual listed on line 1a, is the sum	of reportable co	mpe	nsa	tion	and	d othe	er c	ompensation fro	m			
		ization and related organizations gre												
	individual											4	Σ	X
5		erson listed on line 1a receive or access rendered to the organization? If "	•			•				•		5	Σ	X
Sect		ependent Contractors	, ,										l.	
1		this table for your five highest compation from the organization. Report of										n's tax		
	<i>y</i> • • • • • • • • • • • • • • • • • • •	(A) Name and business add	dress							(B) Description of ser	vices ((C) Compen		
		4 245	· · · · · ·									P011		
														_
2	Total num	ber of independent contractors (incl	uding but not lin	nitad	to +1	1000	lio:	tad a	hov	(a) who recoived				
4		is \$100,000 of compensation from the		iii.eu	io ii	iust	כוו כ	ıcu d	υUV	e, who received				

Part VIII	Statement o	f Revenue
-----------	-------------	-----------

		Check if Schedule O contains a respons	se or note to any line i	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
un un	1a	Federated campaigns	1a				
Grants mounts	b	Membership dues	1b 74282.				
g g		Fundraising events	1c 2048.				
fts,	d	Related organizations	1d				
Contributions, Gifts, Grants and Other Similar Amounts	e		1e				
Sir		- · · · · · · · · · · · · · · · · · · ·	16				
uti her	I	All other contributions, gifts, grants, and	00620				
漢정		similar amounts not included above	1f 99620.				
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included in lines 1a-1f:	\$	175050			
	h	Total. Add lines 1a–1f		175950.			
nue	_		Business Code				
ver	2a		-				
Re	b		_				
vice .	С		_				
Ser	d		_				
аш	е						
Program Service Revenue	f	All other program service revenue					
Ā	g	Total. Add lines 2a–2f					
	3	Investment income (including dividends, inf	*				
		other similar amounts)					
	4	Income from investment of tax-exempt bon					
	5	Royalties					
		(i) Rea	l (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securit	ies (ii) Other				
		assets other than inventory .					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u> . >				
ne	8a	Gross income from fundraising					
en		events (not including \$					
Ş		of contributions reported on line 1c).					
7		See Part IV, line 18	. a				
Other Revenue	b	Less: direct expenses	. b				
0	С	Net income or (loss) from fundraising event	ts >				
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
	b	Less: direct expenses	. b				
		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances	a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С		_				
	d	All other revenue					
	е	Total. Add lines 11a–11d					
	12	Total revenue See instructions		175950			

	Statement of Functional Expenses	I and was an All ather		t a a manula ta a a li umana ((4)		
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members	45636.	45636.				
5	Compensation of current officers, directors,						
	trustees, and key employees	14156.		14156.			
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):						
а	Management	9330.	9330.				
b	Legal	1525.	1525.				
С	Accounting						
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17.						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion	2835.	2835.				
13	Office expenses	21854.	21854.				
14	Information technology	260.	260.				
15	Royalties	11011	11011				
16	Occupancy	11811.	11811.				
17	Travel	16973.	16973.				
18	Payments of travel or entertainment expenses						
40	for any federal, state, or local public officials	10050	10050				
19	Conferences, conventions, and meetings	12058.	12058.				
20	Interest						
21	Payments to affiliates						
22 23	Depreciation, depletion, and amortization	279.	279.				
23 24	Other expenses. Itemize expenses not covered	219.	219.				
	above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	באזוג החצם בהם	85.	85.				
b	TTCTMCT C. DEDMTTC	1720.	1720.				
C	MTCC	1698.	1698.				
d	TIMING	8400.	8400.				
e	All other expenses						
25	Total functional expenses. Add lines 1 through 24e .	148620.	134464.	14156.			
26	Joint costs. Complete this line only if the		•				
-	organization reported in column (B) joint costs						
	from a combined educational campaign and						
	fundraising solicitation. Check here						
	following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part >	(
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	10930.	2	38260.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
şţs		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10930.	16	38260.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jg		disqualified persons. Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	10930.	27	38260.
3al	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
or Fund Balances					
J.		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
ts (00	·		00	
ŝ	30	Capital stock or trust principal, or current funds		30	
Ą	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	10930.	32	38260.
_	33 34	Total liabilities and net assets/fund balances	10930.	33 34	38260.
	J4	1 Utal Havillues allu Het assets/Tullu valdHUES	T0/50.	34	JUZUU•

Part	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		. [
1	Total revenue (must equal Part VIII, column (A), line 12)	17	7595	50.
2	Total expenses (must equal Part IX, column (A), line 25)		1862	
3	Revenue less expenses. Subtract line 2 from line 1	2	2733	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	.093	30.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
-	column (B))		8826	50.
Part	XII Financial Statements and Reporting		f	_
	Check if Schedule O contains a response or note to any line in this Part XII		. [
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
_	Schedule O.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Donsolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2016

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

USA TRACK & FIELD ILLINOIS ASSOCIAT 31-1075269 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(6) 2010	(I) Total
1	received. (Do not include any "unusual grants.")	116514.	209822.	140161.	254228.	175950.	896675.
2	Gross receipts from admissions, merchandise	110314.	200022.	140101.	254220.	173330:	0,0073.
	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						
ŭ	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	116514.	209822.	140161.	254228.	175950.	896675.
7a	Amounts included on lines 1, 2, and 3	ļ					
	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	ļ					
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						896675.
	ction B. Total Support					1	
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	116514.	209822.	140161.	254228.	175950.	896675.
10a	Gross income from interest, dividends,						
	payments received on securities loans,	ļ					
	rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less	ļ					
	section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether	ļ					
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	116514	209822.	140161.	254220	175950.	906675
14	and 12.)	116514.			254228.		896675.
14	organization, check this box and stop here .	•		•	, ,	• •	▶□
Soc	ction C. Computation of Public Sup						· · · · · <u> </u>
15	Public support percentage for 2016 (line 8, co			f))		15	100.00%
16	Public support percentage from 2015 Schedu	` '	•	,,		16	100.00%
	ction D. Computation of Investmen					, . . ,	200.0070
17	Investment income percentage for 2016 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2015 Sc		-			18	0.00%
	33 1/3% support tests—2016. If the organiz					L	2 2 2 2 70
	not more than 33 1/3%, check this box and s						> X
b	33 1/3% support tests—2015. If the organiz	-			-		- <u> </u>
	line 18 is not more than 33 1/3%, check this						▶
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	S	. 🗖

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number 31-1075269 USA TRACK & FIELD ILLINOIS ASSOCIAT PART VI SECTION B LINE 11 B A COPY OF THE 990 IS DISCLOSED DISCUSSED AT BOARD MEETING PART VI SECTION B LINE 12 C THE CONFLICT OF INTEREST POLICY IS DISCLOSED AT THE BOARD MEETINGS

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JAN 0 1, 2016, and ending DEC 31 , 2016 Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. **Employer identification number** Name of exempt organization USA TRACK & FIELD ILLINOIS ASSOCIAT 31-1075269 Name and title of officer LORETTE CHERRY SECRETARY Type of Return and Return Information (Whole Dollars Only) Part I 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 ► X **1b** 175,950. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). 2a Form 990-EZ check here ▶ **b Total revenue**, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ► **b** Total tax (Form 1120-POL, line 22). Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► **b Balance Due** (Form 8868, line 3c) **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 2016 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 acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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 10752 as my signature I authorize WED TAX ACCOUNTING SERVICES to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2016 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 2016 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 $\triangleright 10/04/2017$ **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 36336310752 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 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. _ Date $\triangleright 10/06/2017$

> **ERO Must Retain This Form—See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

ERO's signature ► WILLIE E DOVER JR

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Туре	Amount 9,983 2,490 6,700 6,045 1,060 16,260 13,232 9,355 8,937 5,976
	9,981
	2,490
	6,700
	6,045
	1,060
	16,260
	13,232
ATE	9,359
	8,93
	5,976
ENDORS	378
ISC	34(15,012 39(
THER INCOME	15,012
	390
	1,000
	1,000
	1,000
	10(
	750
	15(

Туре	Amount
OTEL	3,16
DRMS	3,169
OTEL	1,05
OTELS	1,36
AS	4
EALS	86
EALS	29
EALS	36
OTEL	2,95
DRMS	79.
EALS	22
OTEL	1,47
AR RENTAL	30
EALS	61:
AS .	7.
RAVEL	2,59
•	2,33
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Туре	Amount
OTTIES CARE	42
OLF CARTS	45
OLF CARTS	42
OTTIES	22
DLF CARTS	1,70
TTIES	65
ENTS	1,74 3,27
NUALCONVENTION	3,27
INUAL MEETING	3,16
	12,05

Description:		
	Туре	Amount 8,503. 3,308.
RENT HOUSING		8,503.
HOUSING		3,308.
-		
		+
-		1
		+
		+
		+
Total		11,811.
1 Otal		.

Time	A
Type CILITY RENTALS	Amount 24,64 32 15,55 5,12
ODEC EQUIDMENT	24,04.
ORTS EQUIPMENT	34.
UTH TRACK MEET	15,55
STER OPEN EVENT	5,12
_	+
	+
_	+

Description:	
Туре	Amount 5,534. 16,320.
OFFICE SUPPLIES	5,534.
OFFICE SUPPLIES OFFICE EQUIPMENT	16,320.
Total	

-	
Type Type	Amount
EMBERSHIPS ANCTION FEES	Amount 43,802 29,330 1,150
ANCTION FEES ANCTION FEES	29,330
ANCIION FEES	1,150
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