

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2023

**Open to Public  
Inspection**

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.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization USA TRACK & FIELD ILLINOIS ASSN	<b>D</b> Employer identification number 31-1075269
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE WESTBROOK CENTER SUITE 300	
	City or town State ZIP code WESTCHESTER IL 60154-	<b>E</b> Telephone number 815-991-5429
	Foreign country name Foreign province/state/county Foreign postal code	

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I Website:** \_\_\_\_\_

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K Form of organization:**  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 assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 166,159

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	166,159
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</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 exceeds \$15,000) . . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	166,159	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	124,168
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	12,156
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	6,039
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	15,716
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	10,843
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	168,922	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	-2,763
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	32,275
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	29,512

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	32,275	<b>22</b> 29,512
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	32,275	<b>25</b> 29,512
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	32,275	<b>27</b> 29,512

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROMOTE THE SPORT OF TRACK AND  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> <u>PROMOTE THE SPORT OF TRACK AND FIELD TO AND FOR ATHLETE OF ALL AGES</u> (Grants \$ <u>166,159</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	168,922
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses.</b> (add lines 28a through 31a) . . . . .	<b>32</b>	168,922

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRENDA KIMBROUGH PRESIDENT	Hr/WK 10	0		
DARLENE 1ST VP	Hr/WK 10	0		
ART PHIL 2ND VP	Hr/WK 10	0		
JESS GATHING TREASURER	Hr/WK 10	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and tax status.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	46	X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name NONE Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name NONE Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	DocuSigned by: Signature of officer <i>Jess Gathin</i>	06/20/2024 Date
	0BA2FE427AB04DE Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name WILLIE DOVER	Preparer's signature WILLIE DOVER 5B2F734C9C304FB...	DocuSigned by: <i>WILLIE DOVER</i> 06/20/2024	Check <input type="checkbox"/> if self-employed	PTIN P00162901
	Firm's name WED TAX & ACCOUNTING SERVICES INC	Firm's EIN 36-3598316			
	Firm's address 5629 W MADISON CHICAGO IL 60644	Phone no. 773-626-1040			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>Name of the organization</b> USA TRACK & FIELD ILLINOIS ASSN	<b>Employer identification number</b> 31-1075269
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**Part I 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).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151644.	90620.	99781.	114288.		456333.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	151644.	90620.	99781.	114288.		456333.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						456333.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .	151644.	90620.	99781.	114288.		456333.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	151644.	90620.	99781.	114288.		456333.

**14 First 5 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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**Do not send to the IRS. Keep for your records.**

# 2023

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer USA TRACK & FIELD ILLINOIS ASSN EIN or SSN 31-1075269

Name and title of officer or person subject to tax BRENDA KIMBROUGH PRESIDENT

## Part I Type of Return and Return Information

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

1a Form 990 check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	_____
2a Form 990-EZ check here . . . . .	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	<u>166,159</u>
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	_____
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	_____
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	_____
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	_____
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	_____
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	_____
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	_____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize WED TAX & ACCOUNTING SERVIC to enter my PIN 10752 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax LORETTE CHERRY Date 06/20/2024

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 36336310752  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature WILLIE DOVER WILLIE DOVER Date 06/20/2024

**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 MADISON STREET  
CHICAGO IL 60644  
773-626-1040**

June 20, 2024

BRENDA KIMBROUGH  
USA TRACK & FIELD ILLINOIS ASSN  
ONE WESTBROOK CENTER SUITE 300  
WESTCHESTER, IL 60154-

Enclosed is the 2023 Federal 990EZ tax return for USA TRACK & FIELD ILLINOIS ASSN.

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

Your 2023 IL state tax return is enclosed. The return must be signed by an officer of the organization and mailed by to the address below.

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

Sincerely,

WILLIE DOVER



USA TRACK & FIELD ILLINOIS ASSN  
 ONE WESTBROOK CENTER SUITE 300  
 WESTCHESTER IL 60154-

INVOICE DATE: 06/20/2024  
 ID NUMBER: 31-1075269  
 TELEPHONE: 815-991-5429  
 INVOICE NO.: 5

**2023 INVOICE**

Description

- 1 Form 990-EZ
- 1 Form 990-W, Estimated Tax Worksheet
- 1 Form 8868, Application for Extension of Time to File

Remarks:

**Total Charges**  
**Discount**  
**Sales Tax**  
**Payments**  
**Amount Due**

610.00

610.00

# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

For Office Use Only

**Illinois Attorney General Kwame Raoul**  
Charitable Trust Bureau, 115 S. LaSalle St  
Chicago, IL 60603

CO # 01-029-600

PMT # _____
AMT _____
INIT _____

Report for the Fiscal Period:  
Beginning 01 / 01 / 2023  
& Ending 12 / 31 / 2023  
MO DAY YR

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Reviewed Financial Statements
  - Copy of Form IFC
  - \$15 Annual Report Filing Fee
  - \$100 Late Report Filing Fee

Make Checks Payable to Illinois Charity Bureau Fund

Federal ID # 31-1075269

Date organization was created: 12 / 23 / 1991  
MO DAY YR

Are contributions to the organization tax deductible? Yes  No

Legal Name: <u>USA TRACK &amp; FIELD ILLINOS ASSOCIATION</u> Mail Address: <u>One Westbrook Corporate Center SUITE 300</u> City, State: <u>Westchester, Illinois 60154</u> Zip Code: <u>60154</u>	<b>YEAR-END AMOUNTS</b> A) ASSETS            A) \$29,512 B) LIABILITIES        B) \$ C) NET ASSETS        C) \$29,512																
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b> D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.) E) GOVERNMENT GRANTS AND MEMBERSHIP DUES F) OTHER REVENUES G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">PERCENTAGE</th> <th style="width: 70%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">%</td> <td>D) \$166,159</td> </tr> <tr> <td style="text-align: center;">%</td> <td>E) \$-0-</td> </tr> <tr> <td style="text-align: center;">%</td> <td>F) \$-0-</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>G) \$166,159</td> </tr> </tbody> </table>	PERCENTAGE	AMOUNT	%	D) \$166,159	%	E) \$-0-	%	F) \$-0-	100%	G) \$166,159						
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<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR</b> H) OPERATING CHARITABLE PROGRAM EXPENSE I) EDUCATION PROGRAM SERVICE EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$ K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) M) MANAGEMENT AND GENERAL EXPENSE N) FUNDRAISING EXPENSE O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">%</td> <td>H) \$168,922</td> </tr> <tr> <td style="text-align: center;">%</td> <td>I) \$-0-</td> </tr> <tr> <td style="text-align: center;">%</td> <td>J) \$168,922</td> </tr> <tr> <td style="text-align: center;">%</td> <td>K) \$-0-</td> </tr> <tr> <td style="text-align: center;">%</td> <td>L) \$156,766</td> </tr> <tr> <td style="text-align: center;">%</td> <td>M) \$12,156</td> </tr> <tr> <td style="text-align: center;">%</td> <td>N) \$-0-</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>O) \$168,922</td> </tr> </tbody> </table>	%	H) \$168,922	%	I) \$-0-	%	J) \$168,922	%	K) \$-0-	%	L) \$156,766	%	M) \$12,156	%	N) \$-0-	100%	O) \$168,922
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<b>III. SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES</b> (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.) <b>PROFESSIONAL FUNDRAISERS:</b> P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS Q) TOTAL FUNDRAISERS FEES AND EXPENSES R) NET RECEIVED BY THE CHARITY (P MINUS Q = R) <b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b> S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">100%</td> <td>P) \$-0-</td> </tr> <tr> <td style="text-align: center;">%</td> <td>Q) \$-0-</td> </tr> <tr> <td style="text-align: center;">%</td> <td>R) \$-0-</td> </tr> <tr> <td style="text-align: center;">%</td> <td>S) \$-0-</td> </tr> </tbody> </table>	100%	P) \$-0-	%	Q) \$-0-	%	R) \$-0-	%	S) \$-0-								
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<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b> T) NAME, TITLE: <u>LORETTE CHERRY, ADMINISTRATOR</u> U) NAME, TITLE: _____ V) NAME, TITLE: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">T) \$12,156</td> </tr> <tr> <td>U) \$</td> </tr> <tr> <td>V) \$</td> </tr> </tbody> </table>	T) \$12,156	U) \$	V) \$													
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<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> <i>CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</i> W) DESCRIPTION: <u>Youth Club Track &amp; Field</u> X) DESCRIPTION: _____ Y) DESCRIPTION: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>List on back side of Instructions CODE</td> </tr> <tr> <td>W) #043</td> </tr> <tr> <td>X) #</td> </tr> <tr> <td>Y) #</td> </tr> </tbody> </table>	List on back side of Instructions CODE	W) #043	X) #	Y) #												
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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

- 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?.....1.
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....2.
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?.....3.
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....4.
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....5.
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.).....6.
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?.....7.
7b. IF "YES", ENTER
(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ \_\_\_\_\_ ;
(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ \_\_\_\_\_ ;
(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ \_\_\_\_\_ ; AND
(IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ \_\_\_\_\_ .
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?.....8.
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....9.
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....10.
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

Table with 2 columns: YES, NO. Rows 1-10 contain 'X' marks in the YES or NO columns.

TCF NATIONAL BANK 200 W JOILET RD WILLOWBROOK IL 60527

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Lorette Cherry, 708-722-5090

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE, SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

LORETTE CHERRY

PRESIDENT or TRUSTEE (PRINT NAME)

DocuSigned by:

LORETTE CHERRY 6/25/2024

SIGNATURE

DATE

JESS GATHINGS

TREASURER OR TRUSTEE (PRINT NAME)

DocuSigned by:

Jess Gathings 6/25/2024

SIGNATURE

DATE

WILLIE DOVER

PREPARER (PRINT NAME)

DocuSigned by:

WILLIE DOVER 6/20/2024

SIGNATURE

DATE