## CHAR500 Online

For new annual filings, and amendments

## **Annual Filing for Charitable Organizations**

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type:   New Filing   Amendment		endment	Filing Year: 202	0	-	
<b>General Inform</b>	ation					
Current Organizatio	n Name: <u>Ne</u>	w York	Track & Field, Inc.	Updated Nam	ne:	N/A
NY Registration Nur	mber: <u>44-</u>	09-39		Registration C	ategory:	DUAL
Organization Type:	Cor	rporation		EIN:		453548596
Current Fiscal Year I	End: <u>12/</u>	31		Updated Fiscal Year End:		N/A
Organization Email:	trea	asurer@r	newyork.usatf.org	Organization's	s Phone:	212-595-2486
Tax Exempt Status:	<u>501</u>	(c)(3)		Website:		newyork.usatf.org
Organization Addre	ess					
Mailing	g Address		Principal <i>A</i>	Address		NY State Address
101 West 81st Street New York NY 10024 UNITED STATES			c/o Philip Greenwald New York NY 10024 United States		NA 	
Primary Contact Inf	formation					
First Name: Philip			Last Name: Greenwald Title: \( \)		/P of Finance	
Phone: <u>212-595-2486</u>			Email: greenwaldp@att.net			
Third Party Pre	parer Info	rmatio	n			
First Name: N/A			Last Name: N/A		Title: N/A	
Firm Name: N/A		Phone: N/A Email:		Email: _I	N/A	
Third Party Address						
Street: N/A						
City: N/A			State	e: <u>N/A</u>		
Zip: N/A			Countr	y: <u>N/A</u>		

faculty, trustees and their families?

O Yes O No N/A

Re	egistration Category
1.	Does the organization conduct activity in New York State (other than soliciting)? This may include, but is not limited to, maintaining an office, having employees or running a program.
2.	Does the organization have assets in New York State?     O Yes  O No
3.	Is the organization incorporated or formed in New York State?  O Yes O No N/A
4.	Does the organization solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?  O Yes   No
5.	Does the organization use a professional fundraiser or fundraising counsel?
	O Yes ● No
Ва	sed on your responses to the above questions, this organization's registration category has been updated to EPTL
Th	e updated registration category will go into effect when your filing has been processed.
Ex	emption Qualifications
1.	Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature?  O Yes O No N/A
2.	Was the organization formed for religious purposes?  O Yes O No N/A
3.	Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department? $ \bigcirc \text{Yes}  \bigcirc \text{No}  \text{N/A} $
4.	Is the organization a library that files annual financial reports with the New York State Department of Education?  O Yes O No N/A
5.	Does the organization receive substantially all of its contributions from a single government agency to which it submits annual financial reports?  OYes ONo N/A
6.	Is the organization's gross contributions from all other New York sources \$25,000 or less and it will remain below that?  OYes ONo N/A
7.	Does the organization receive funding from a federated fund, United Way, or incorporated community appeal?  O'Yes O'No N/A
8.	Is the organization's gross contributions from all other sources \$25,000 or less and will remain below that?  O Yes O No N/A
9.	Does the organization use or plan to use a professional fundraiser?  O Yes O No N/A
10	Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the University of the State of New York or an agency with similar responsibilities in another state?  OYes ONO N/A
11	. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni,

12. Is the organization incorporated/chartered under the New York State Education Law?
OYes ONo N/A  13. Is the organization a law enforcement support organization that only solicit contributions from its members?
OYes ONo N/A  14. Is organization a New York State volunteer firefighters or volunteer ambulance corps?
OYes ONo N/A  15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center?  OYes ONO N/A
16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such organization whose fundraising is performed only by its members without direct or indirect compensation?  OYes ONO N/A
17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York that solicits contributions only from its memberships?
O Yes O No N/A  18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York?  OYes ONo N/A
19. Is the organization a membership organization?  OYes ONO N/A
20. Is the organization a membership organization that solicits contributions only from its members?  OYes ONO N/A
21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law?  OYes ONo N/A
22. Is the organization incorporated under Article 43 of the New York State Insurance Law?  OYes ONo N/A
23. Is the organization a police department, sheriff's department or other government law enforcement agency?  OYes ONO N/A
Based on your responses to the exemption questions, this organization's registration category has been updated to
EPTL The updated registration category will go into effect when your filing has been processed.
Annual Exemptions
<ol> <li>Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?</li> <li>OYes ONO N/A</li> </ol>
Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  OYes ONo N/A
<ul> <li>Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?</li> <li>○Yes</li></ul>
Based on your responses to annual exemption questions, this organization is required to file under <u>EPTL</u> during this fiscal year.

Type: N/A Registration ID: N/A

Contract Start: N/A Contract End: N/A

Phone : N/A

Amount Paid: N/A

Mailing Address: N/A

Financial Information			
Which IRS form does your organizat	tion use? IRS990	Organization's total reve	enue: \$205,405.00
Organization's total contributions:	\$40,277.00	Organization's total asse	ets: N/A
Organization's net assets:	\$387,547.00	Organization's total rev	enue N/A
Organization's total liabilities:	N/A	and contributions: Organization's total asso	ets/ N/A
Organization's total income:			Ets/ <u>1471</u>
s the organization required to file f	orm Schedule B - Sch	nedule of contributors - with the	IRS?
□Closing □ Withdrawing  Is this your final filing with New Yor  Filing Information  Did the organization use a profession			butions in New York State?
○Yes	ation	Description of Services	Description of Compensation
Name of Firm: N/A		N/A	N/A
Type: N/A Reg	Number: <u>N/A</u>		
Contract Start: N/A Cont	ract End: N/A		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
Name of Firm: N/A		N/A	N/A
Type: N/A Registration ID: N/A			
Contract Start: N/A Contr	ract End: <u>N/A</u>		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
Name of Firm: N/A		N/A	N/A

Did the organization receive government grants during this fiscal year?

OYes 

No

Government Grant Agency	Grant Amount
N/A	N/A

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<b>Attached</b>	organization	's required	documents.
Attacheu	Organization	3 required	uocuments.

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X	IRS	document

- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Schedule B
- □ Other documents

## Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
President	Thomas	McTaggart	president@newyork.usatf.org
Chief Financial Officer	Philip	Greenwald	greenwaldp@att.net

Signature of President CETAF57B276A49F...

Signature of Philip Gruwald Chief Financial Officer 61D88D2CFRF445

Date:
7/19/2021