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 Filin	g O Am	endment	Filing Year: 202	21	-
General Inf	ormation					
		New York	Track & Field, Inc.	Lindotod Nov		N/A
NY Registration	•	44-09-39	Track & Ficia, Inc.	Updated Nan Registration (DUAL
		Corporation		EIN:	category.	453548596
Organization T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			- I V F I	
urrent Fiscal `		12/31	nouverk ugetf org	Updated Fisca		
Organization E			newyork.usatf.org	Organization ¹	s Phone:	212-595-2486
ax Exempt Sta	atus: .	501(c)(3)		Website:		newyork.usatf.org
Organization /	Address					
M	lailing Address		Principal A	ddress		NY State Address
New York NY 10024 UNITED S	81st Street		101 West 81st St New York NY 10024 UNITED STATES		NA	
Primary Conta	act Information	1				
First Name: P	hilip		— Last Name: Gre	enwald	Title: _	/P of Finance
Phone: <u>2</u>	12-595-2486		— Email: gree	enwaldp@att.net		
Organization 1	Type cument filed w	vith IRS: <u>IR</u>	8 <u>8990</u> Orga	anization Type: <u>F</u>	Public	
	Preparer In	nformatio				
First Name: N/A		Last Name: N/A		Title: _		
Firm Name: N/A		Phone: <u>N/A</u>		Email: —	N/A	
Third Party Ad	ldress					
Street: N/A						
City: N/A			State	: <u>N/A</u>		
Zip: N/A			Country	: N/A		

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?
3.	Is the organization incorporated or formed in New York State? OYes ONo N/A
4.	Does the organization solicit, or plan to 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? OYes No
Ва	sed on your responses to the above questions, this organization's registration category has been updated EPTL
to	The updated registration category will go into effect when your filing has been Completed.
Ex	cemption 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? \bigcirc Yes \bigcirc No \bigcirc N/A
3.	Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department? O Yes O No 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 sources, \$25,000 or less and 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? \bigcirc Yes \bigcirc 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
l	13. Is the organization a law enforcement support organization that only solicit contributions from its members?
l	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
l	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?
	Oyes Ono 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
l	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
l	Based on your responses to the exemption questions, this organization's registration category has been updated to
l	EPTL The updated registration category will go into effect when your filing has been processed.
l	
	Public Charity
l	
	 Did the organization solicit or receive contributions during the fiscal year in New York State? ● Yes O No
	2. Was the organization required to submit a Schedule B to the IRS in this reporting period?
	OYes ■ No 2 O
l	3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in
l	the fiscal year: OI would like to enter the total New York State ContributionsO I would like to submit a redacted Schedule B N/A
	2. House the cite the total New York State contributions - Would like to submit a reducted schedule b 14//1
	4. Choose the total contributions in New York State this fiscal year: \$25,000-\$99,999

Annual Exemptions					
1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? O Yes O No N/A					
2. Did the organization use a profe	2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Oyes ONo N/A				
3. Were the organization's gross refiscal year? ○ Yes ● No	eceipts under \$25,000 a	and the market value of its asse	ts under \$25,000 during the		
Based on your responses to annual e fiscal year.	xemption questions, thi	s organization is required to file	e under <u>EPTL</u> during this		
Financial Information					
Type of IRS document filed with IRS	IRS990	Organization's total rever	nue: <u>97,652.5</u>		
Organization's total contributions:	47,092	Organization's total asset	s: N/A		
Organization's net assets:	389,320	Organization's total reve	nue N/A		
Organization's total liabilities:	N/A	and contributions:	ts/ N/A		
Organization's total income:	N/A	Organization's total asset worth:	,s/ <u>IV/A</u>		
Was the organization required to su OYes ONo N/A	ıbmit a Schedule B to th	e IRS in this reporting period?			
For the current filing year, does you			Charities Bureau Registration?		
□Closing □ Withdrawing	_ 0	1None ONo N/A			
Is this your final filing with New Yor	k state? O Yes	ONO NA			
Filing Information					
Did the organization use a profession	nal fundraiser or fundra	aising counsel to solicit contribu	utions in New York State?		
Oyes No					
General Informa	ition	Description of Services	Description of Compensation		
Name of Firm: N/A		N/A	N/A		
	Number: N/A				
Contract Start: N/A Cont Amount Paid: N/A	ract End: <u>N/A</u> Phone : <u>N/A</u>				
Mailing Address: N/A	Priorie . WA				
Name of Firm: N/A		N/A	N/A		
	ration ID: N/A				
	ract End: N/A				
Amount Paid: 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	Contract End: N/A		
Amount Paid: N/A	Phone : _ <u>N/A</u>		
Mailing Address: N/A			

Did the organization receive government grants during this fiscal year?

OYes **⊙**No

Government Grant Agency	Grant Amount
N/A	N/A

Documents

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- ☑ 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
- ☐ Redacted 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
Treasurer	Philip	Greenwald	treasurer@newyork.usatf.org

Signature of President

Docusigned by:
Thomas McTaggart

Date: 2/7/2023

Signature of Treasurer

— Docusigned by: Philip Greenwald

Date: 2/7/2023