Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2019 calend	dar year, or tax year beginning	01/01 ,	2019, and end	ding	<u>12/3</u> 1	, 20 19			
В	Check if	applicable:	C Name of organization NEW YO	RK TRACK & FIELD INC			D Emp	oloyer identification numbe	er:		
	Address	change	Doing business as USA Track	and Field - New York				45-3548596			
	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street ac	ddress)	Room/suite	E Tele	phone number			
	Initial retu	urn	101 West 81 Street Apt 718					212-595-2486			
	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal	code	•					
	Amended	d return	New York, NY, 10024				G Gros	ss receipts \$ 466,9	38		
	Application	on pending	F Name and address of principal off	icer: Thomas P McTaggart		H(a) Is	this a group return	for subordinates? Yes	No		
			14 Waldron Terrace, Sloatsbu	urg, NY 10974		H(b) A	re all subordina	ates included? Yes	No		
ī	Tax-exen	npt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947	(a)(1) or 527	7 If "No,	" attach a list.	(see instructions)			
J	Website:	newyor	k.usatf.org			H(c) G	roup exemptio	n number ▶			
K	Form of o	rganization:	Corporation Trust Associa	tion ☐ Other ►	L Year of for	mation: 20	11 M Stat	e of legal domicile: NY			
Р	art I	Summa	ry								
	1	Briefly des	cribe the organization's miss	ion or most significant ac	tivities: Orga	anizing Trac	k & Field, Lo	ong Distance Running,			
e			Walking events and champions								
Activities & Governance		(Continued	I on Schedule O, Statement 1)								
/err	2	Check this	box ► ☐ if the organization	discontinued its operation	ns or dispos	ed of more	than 25% c	of its net assets.			
9	3	Number of	voting members of the gove	rning body (Part VI, line 1	a)		3		9		
ૐ	4	Number of	independent voting member	rs of the governing body	Part VI, line	1b)	4		9		
ies	5	Total numb	per of individuals employed in	n calendar year 2019 (Par	t V, line 2a)		5		0		
Ę	6	Total numb	per of volunteers (estimate if	necessary)			6	1	00		
Ac	7a	Total unrel	ated business revenue from I	Part VIII, column (C), line	12		7a		0		
	b	Net unrelat	ted business taxable income	from Form 990-T, line 39			7b		0		
				Pri	or Year	Current Year					
Φ	8	Contributio	ons and grants (Part VIII, line	79,419	65,1	93					
ğ	9	Program se	ervice revenue (Part VIII, line	2g)			465,048	394,3	69		
Revenue		•	t income (Part VIII, column (A	•			. (0		
æ			nue (Part VIII, column (A), line	-3,743	-10,2	02					
	1		ue—add lines 8 through 11 (n		540,724						
	+	•	d similar amounts paid (Part I	· · · · · · · · · · · · · · · · · · ·		_	26,932				
			aid to or for members (Part IX		. (0				
s			her compensation, employee I				2,023	2,4	14		
Jse	1		al fundraising fees (Part IX, c	· · · · · · · · · · · · · · · · · · ·			. (0		
Expenses	1		raising expenses (Part IX, col		0						
ũ	1		enses (Part IX, column (A), line				425,717	464,9	 15		
	1	-	nses. Add lines 13-17 (must		, line 25) .		454,672				
			ess expenses. Subtract line 1				86,052				
or			-				of Current Yea				
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)				450,007	411,0	72		
t Ass	21	Total liabili	ties (Part X, line 26)				122,479	35,3	71		
울문	22	Net assets	or fund balances. Subtract li	ine 21 from line 20 .			327,528	375,7	01		
	art II	Signatu	re Block								
			, I declare that I have examined this r					my knowledge and belief,	it is		
tru	e, correct	, and complet	e. Declaration of preparer (other than	officer) is based on all informati	on of which prep	arer has any k	nowledge.				
		 									
Siç		Signati	ure of officer				Date				
He	re	Philip	Greenwald, VP - Finance								
		Type o	r print name and title								
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Check	if PTIN	_		
	reparer						self-en	nployed			
	e Only	Figure 'e man	me ►				Firm's EIN ▶	n's EIN ▶			
_		Firm's add	dress ►				Phone no.				
Ma	v the ID	S discuss t	this return with the preparer s	shown shows? (see instru	otions)			Voc N	_		

Form 990 (2019) Page **2**

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Organizing Track & Field, Long Distance Running, and Race Walking events and championships for youth, open and masters
	athletes; membership and sanction administration; and education and promotion of physical fitness. All are in our designated
	region as a local association of USA Track and Field which is the governing body for these sports in this country as designated by
	the US Olympic Committee and the International Association of Athletics Federations.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	, and the state of
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Organize Outdoor Track and Field Meets: Organized 7 Track and Field meets, 6 for youth athletes and 2 for open athletes.
4b	(Code:) (Expenses \$ 21,569 including grants of \$0) (Revenue \$18,619)
	Cross Country Meets: Organized 5 cross country meets, generally for youth athletes.
	Sisse Summy moster of Summy moster, Generally moster, Generally moster of Summy moster of Summ
	(Code) \(\(\sum_{\text{Compared}} \) \(\sum_{\text{Code}} \) \(\sum_
4c	(Code:) (Expenses \$ 266,164 including grants of \$ -81,717) (Revenue \$ 286,879)
	Indoor Track and Field Meets: Organized two local championship meets, one for youth athletes and one for open and masters
	athletes; organized a national youth championship, and partnered with Ocean Breeze Athletic Complex to organize eight meets
	(three youth, 4 high school, and one open/masters). Ocean Breeze organized the USA Indoor Championship and applied
	previously awarded grants to that; USATF NY paid suppliers on their behalf.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 2
-	(Expenses \$ 21,078 including grants of \$ 15,575) (Revenue \$ 17,209)
4e	Total program service expenses ► 380,381

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Form 990 (2019) **Checklist of Required Schedules** Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 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? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 ~ 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 ~ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a / 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 c 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 d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a **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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
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? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 24d		
25a	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		~
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		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		/
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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 organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	,	
Part	V Statements Regarding Other IRS Filings and Tax Compliance		ı	1
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Day 2 of Forms 1000 Enter 0. If not any limit in the		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 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 e-file (see instructions) . . . За Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)? 4a 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? . . . 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year d 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? . . . 13a 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 13b 13c С ~ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O.

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 1 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a 12b ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b 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 arrangement 16a v If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Philip Greenwald, (212)595-2486

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VII

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	•		aniz	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				((C)					
(A) Name and title	(B) Average hours per week	box,	unles	Position of check more than one onless person is both an or and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
John Padula	30.00									
First Vice President		~		~				1,450	0	0
Tom McTaggart	20.00									
President	0.00	~		~				528	0	0
Philip Greenwald	15.00									
Vice President - Finance	0.00	~		~				320	0	0
Kenneth Kraft	10.00									
Secretary	0.00	~		~				116	0	0
Stephaine Irvin	5.00									
2nd Vice President	0.00	~		~				0	0	0
Adrian Crichlow	10.00									
Director - Active Athlete	0.00	~						0	0	0
Jim Fillis	5.00									
Director at Large	0.00	~						0	0	0
Olive Smart	5.00									
Director - Active Athlete	0.00	~						0	0	0
Jordan Temkin	10.00									
Director - Active Coach	0.00	~						0	0	0

	(A) Name and title	(B) Average hours	Average box, unless person is bot officer and a director/trus					n an	(D) Reportable compensation	(E) Reportable compensation		(F) ated amo	ount
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	f) orga	npensation the nization organization	and
			-										
			-										
1b c	Subtotal				•	 		>	2,414		0		0
d	Total (add lines 1b and 1c)							e) w	2,414 tho received more	e than \$100.00	0 00 of		0
	reportable compensation from the organi								0			Yes	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete the							-	-	t compensate	1	100	
4	For any individual listed on line 1a, is the	sum of re	portal	ole (com	nper	nsatio	n a					
	organization and related organizations individual	·									4		~
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or individu	_		~
	on B. Independent Contractors	ant name	t		inde		adant		untrantara that r	analysed may	than (100.00	
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add							(B) Description of serv	rices	(C) Compen			
None													
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0												

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	espon	se or note to an	y line in this Pa	ırt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaig	ıns .		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	· -			1b	62,262				
	С	Fundraising events			1c	0				
fts, r A	d	Related organizatio	ns .		1d	0				
Gi	е	Government grants	(cont	tributions)	1e	0				
ns, Sir	f	All other contribution								
ıtio er (and similar amounts no			1f	2,931				
ibt)th	g	Noncash contribution	ons in	ncluded in						
ntr d C	J				1g	\$ 0				
a an	h	Total. Add lines 1a-	–1f .				65,193			
						Business Code				
Се	2a	Competition Entry F	ees			713990	328,615	328,615	0	0
ıvi e	b	Event Sanctions and		rance		713990	17,209	17,209	0	0
gram Ser Revenue	С	Admissions to view				713990	43,527	43,527	0	0
am eve	d	Consessionaire Royalties - Clothing Sales			713990	4,918	4,918	0	0	
Program Service Revenue	е					,	,			
٦ro	f	All other program se	ervice	revenue			100	100	0	0
_	g	Total. Add lines 2a-				▶	394,369			_
	3									
		Investment income (including dividends, other similar amounts)								
	4	Income from investr								
	5	Royalties								
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)			0	0				
	d	Net rental income o		s)						
Revenue	7a	Gross amount from		(i) Securi		(ii) Other				
	1 a	sales of assets								
		other than inventory	7a							
	h	Less: cost or other basis								
	_	and sales expenses .	7b							
eve	С	Gain or (loss)	7c		0	0				
		Net gain or (loss)		٠		•				
Other		Gross income fro								
ğ	Ou	events (not including		0						
		of contributions re		d on line	1					
		1c). See Part IV, line			8a	7,376				
	b	Less: direct expens	es .		8b	17,578				
	С	Net income or (loss)			ig eve		-10,202		0	-10,202
	9a	Gross income					10/202			.5,252
	-	activities. See Part			9a					
	b	Less: direct expens			9b					
	С	Net income or (loss)			ctivitie	es >				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	C	Net income or (loss)				ory ▶				
S		- (Business Code				
no a	11a									
nue	b									
scellaneo Revenue	C									
Miscellaneous Revenue	d	All other revenue								
Ξ	e	Total. Add lines 11a				•	0			
	12	Total revenue. See			<u></u>		449,360	394,369	0	-10,202
					-		17,000	577 ₁ 557	0	10,202

Part IX Statement of Functional Expenses

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 ~ **(D)** Fundraising (C) Management and Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 -66,492 -66,492 2 Grants and other assistance to domestic individuals. See Part IV, line 22 350 350 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 Benefits paid to or for members 0 0 5 Compensation of current officers, directors, trustees, and key employees 2,414 2,414 0 0 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 0 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 144,230 143,980 250 0 12 Advertising and promotion 10.705 0 10.705 0 13 Office expenses 1,418 1,345 73 14 Information technology 470 470 0 0 15 Royalties Occupancy 151,883 16 151,883 0 0 17 10,748 10,748 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 4,989 0 4,989 0 20 0 0 21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization . 1,507 1,507 23 0 0 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Awards: Medals, Trophies, etc. 24,998 22,699 2,299 Competition Expenses: Food, lodging, supplies, re 52,932 52,932 0 0 Event Sanctions and Rights Fees С 59,018 59,018 0 0 Miscellaneous Expneses 2.017 799 1,218 0 All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 401,187 380,381 20.806 0 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 ☐ if 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 Par	tX		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	368,611	1	79,186
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	25,817	4	23,876
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net		7	
sse	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	49,072	9	23,010
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,534			
	b	Less: accumulated depreciation	1,507	10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	280,000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,000	15	5,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	450,007	16	411,072
	17	Accounts payable and accrued expenses	12,741	17	9,948
	18	Grants payable	106,277	18	20,930
	19	Deferred revenue	3,461	19	4,493
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	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	122,479	26	35,371
nces		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	327,528	27	375,701
B	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
λA	32	Total net assets or fund balances	327,528	32	375,701
Š	33	Total liabilities and net assets/fund balances	450,007	33	411,072
		-	,		Form 990 (2019)

Form 990 (2019) Page **12**

9 Other changes in net assets or fund balances (explain on Schedule O)	Part	XI Reconciliation of Net Assets								
Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	•						
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Donated services and use of facilities Revenue less expenses. Revenue less expenses. Net unrealized gains (losses) on investments Revenue less expenses. Revenue less expenses. Revenue less expenses. Net unrealized gains (losses) on investments. Revenue less expenses. Revenue lead a last titles and a separate less is consolidated basis. or both: Revenue less expenses. Revenue less expenses. Revenue less expenses. Revenue less expenses. Revenue lead and separate basis. Revenue less expenses. Revenue lead and separate basis. Revenue less expenses. Revenue less expen	1	Total revenue (must equal Part VIII, column (A), line 12)			449	9,360				
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	2	Total expenses (must equal Part IX, column (A), line 25)			401	1,187				
5 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1		48,		8,173				
6 Donated services and use of facilities 6 7 Investment expenses 7 7 0 0 8 Prior period adjustments 9 9 0 0 0 0 10 Net assets or fund balances (explain on Schedule O) 9 0 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 375,701	4			32		7,528				
7 Investment expenses	5									
8 Prior period adjustments	6									
9 Other changes in net assets or fund balances (explain on Schedule O)	7									
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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? 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 Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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?	8					0				
32, column (B)) 375,701	9	Other changes in net assets or fund balances (explain on Schedule O)				0				
Check if Schedule O contains a response or note to any line in this Part XII	10									
Check if Schedule O contains a response or note to any line in this Part XII		32, column (B))			375	5,701				
1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ☐ 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?	Part	·				_				
Accounting method used to prepare the Form 990: Cash Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>							
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?			_		Yes	No				
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1		_							
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?										
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?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	2a		~				
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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?		If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or							
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:								
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 ☐ Consolidated basis ☐ Both consolidated and separate basis c 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? . If the organization changed either its oversight process or selection process during the tax year, explain on 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?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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?	b	Were the organization's financial statements audited by an independent accountant?	. 2	2b		~				
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis c 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? . If the organization changed either its oversight process or selection process during the tax year, explain on 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?		If "Yes," check a box below to indicate whether the financial statements for the year were audited or	ı a							
c 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? . If the organization changed either its oversight process or selection process during the tax year, explain on 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?		separate basis, consolidated basis, or both:								
the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain on 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?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
If the organization changed either its oversight process or selection process during the tax year, explain on 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?	С									
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?		the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2	2c						
Single Audit Act and OMB Circular A-133?			on							
Single Audit Act and OMB Circular A-133?	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	the							
h. If "Voc." did the organization undergo the required guidt or guidte? If the organization did not undergo the				3a		~				
b if res, did the organization undergo the required addit of addits? If the organization did not undergo the	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	the							
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	. 3	3b						

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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 for instructions and the latest information.

Employer identification number

	YORK TRACK & FIELD INC					45-35					
Par						<u> </u>	ns.				
The c	organization is not a private found		,		-	•					
1	A church, convention of church										
2	A school described in section		·								
3	☐ A hospital or a cooperative ho										
4	A medical research organization hospital's name, city, and state										
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit	described in			
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in secti	on 170(b)	(1)(A)(v).					
7	An organization that normally described in section 170(b)(1)			port from	n a gover	nmental unit or from	the g	eneral public			
8	☐ A community trust described	in section 170(b)	(1)(A)(vi). (Complete	Part II.)							
9					erated in	conjunction with a la	and-ar	ant 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	receipts from activities related	receives: (1) mor I to its exempt fu	e than 331/3% of its si	upport fro ertain exc	om contri	butions, membership and (2) no more that	o tees, n 331/3	and gross % of its			
	support from gross investmen	it income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	busine	esses			
	acquired by the organization a		•		•	•					
11	An organization organized and	•		-							
12	An organization organized and of one or more publicly supp										
	Check the box in lines 12a thro										
•	☐ Type I. A supporting organ	J	,, ,		J	•		,			
а	the supported organization										
	supporting organization. Y					ine directors or trust	003 01	tilo			
b	☐ Type II. A supporting orga	-	•			supported organizati	on(s) ł	ov having			
~	control or management of										
	organization(s). You must		•		•		Ū				
С	Type III functionally integer its supported organization						ally inte	egrated with,			
d	☐ Type III non-functionally	integrated. A su	pporting organization	operate	d in conn	ection with its suppo	rted o	raanization(s)			
	that is not functionally inte										
	requirement (see instruction	ons). You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V.					
е	☐ Check this box if the organ						e II, Typ	oe III			
	functionally integrated, or										
f	Enter the number of supported	organizations .									
g		1	1	1		T					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see		Amount of support (see			
			above (see instructions))		ment?	instructions)		structions)			
				Yes	No						
				103	140						
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Part											
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
		qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)					
	on A. Public Support	() 0045	# > 0040	() 0047	(1) 00 (0	() 0040	(n =				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4										
	on B. Total Support				(0 00 10						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7 8	Amounts from line 4										
9	similar sources										
J	activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	`	,			12					
13	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)				
0 1:	organization, check this box and stop he		<u>.</u>	· · · · ·			▶ 📙				
	on C. Computation of Public Suppor			1 ookumn (f))		14	0/				
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sci					15	<u>%</u>				
16a	33 ¹ / ₃ % support test—2019. If the organi										
	box and stop here. The organization qua										
b	33^{1} /3% support test-2018. If the organithis box and stop here. The organization				•		•				
17a	this box and stop here. The organization qualifies as a publicly supported organization										
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and	stop here.				
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see				

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.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	55,549	73,914	68,459	79,419	65,193	342,534
2	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	130,720	353,993	393,980	475,659	401,745	1,756,097
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	186,269	427,907	462,439	555,078	466,938	2,098,631
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						2,098,631
	on B. Total Support				()		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	186,269	427,907	462,439	555,078	466,938	2,098,631
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	186,269	427,907	462,439	555,078	466,938	2,098,631
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor			<u> </u>		<u> </u>	·
15	Public support percentage for 2019 (line 8			13. column (f))		15	100 %
16	Public support percentage from 2018 Sch		•			16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2018		* *	-	* * * *	18	0 %
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box		_	-		-	_
b	331/3% support tests – 2018. If the organiz						
20	line 18 is not more than 331/3%, check this leads to the second of the s	_	_	· ·		-	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
L		Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
_		JU		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authority such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7		U		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-		
_		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100		50		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).		struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1	
Sect	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive		
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
е	Excess from 2019				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name o	f the or	ganization		E	Employer id	entification number
NEW	YORK	FRACK & FIELD INC				45-3548596
Par	t I	Organizations Maintaining Donor Advi	sed Funds or Other Similar	Funds	or Acco	ounts.
		Complete if the organization answered "	res" on Form 990, Part IV, lin	ne 6.		
			(a) Donor advised funds		(b) F	unds and other accounts
1	Total	number at end of year				
2	Aggre	egate value of contributions to (during year) .				
3	Aggre	egate value of grants from (during year)				
4	Aggre	egate value at end of year				
5		ne organization inform all donors and donor as are the organization's property, subject to the				
6	only f	ne organization inform all grantees, donors, ar for charitable purposes and not for the benefitering impermissible private benefit?	of the donor or donor advisor,	, or for a	any other	purpose
Par		Conservation Easements.				
		Complete if the organization answered "	res" on Form 990, Part IV, lin	ne 7.		
1	Purpo	ose(s) of conservation easements held by the c				
	☐ Pr	eservation of land for public use (for example, recre	ation or education) Preserva	ation of a	a historica	ally important land area
	☐ Pr	otection of natural habitat	☐ Preserva	ation of a	a certified	historic structure
	☐ Pr	eservation of open space				
2	Comp	olete lines 2a through 2d if the organization hel	d a qualified conservation contri	ibution i	n the forn	n of a conservation
	easer	ment on the last day of the tax year.				Held at the End of the Tax Year
а	Total	number of conservation easements			. 2a	
b	Total	acreage restricted by conservation easements			. 2b	
С	Numb	per of conservation easements on a certified hi	storic structure included in (a) .		. 2c	
d		per of conservation easements included in (ric structure listed in the National Register .	c) acquired after 7/25/06, and	not on	a 2d	
3	Numb tax ye	per of conservation easements modified, trans	ferred, released, extinguished, c	or termir	nated by	the organization during the
4	-	per of states where property subject to conserv	vation easement is located ▶			
5	Does	the organization have a written policy regions, and enforcement of the conservation eas	arding the periodic monitoring			
6		and volunteer hours devoted to monitoring, inspec				
7	Amou ▶\$	int of expenses incurred in monitoring, inspecting	g, handling of violations, and enfo	rcing co	nservatio	n easements during the year
8	Does and s	each conservation easement reported on line 2 ection 170(h)(4)(B)(ii)?	(d) above satisfy the requiremen	nts of se	ction 170	(h)(4)(B)(i) □ Yes □ No
9	balan	rt XIII, describe how the organization reports or ce sheet, and include, if applicable, the text of hization's accounting for conservation easemer	the footnote to the organization its.	ı's finand	cial stater	ments that describes the
Part		Organizations Maintaining Collections Complete if the organization answered "			ther Sim	ilar Assets.
1a	of art	organization elected, as permitted under FAS i, historical treasures, or other similar assets be, provide in Part XIII the text of the footnote t	held for public exhibition, educ	cation, c	or researd	ch in furtherance of public
b	If the art, hi provid	organization elected, as permitted under FAS istorical treasures, or other similar assets held de the following amounts relating to these item evenue included on Form 990, Part VIII, line 1 issets included in Form 990, Part X	B ASC 958, to report in its reve for public exhibition, education, s:	enue sta or resea	tement a arch in fu	nd balance sheet works of therance of public service,
2	If the	organization received or held works of art, ving amounts required to be reported under FA	historical treasures, or other si	imilar as	ssets for	financial gain, provide the
а		nue included on Form 990, Part VIII, line 1 .			1	\$
b	Asset	s included in Form 990, Part X			1	▶ \$

	e D (Form 990) 2019						Page 2
Part	Organizations Maintaining Col	lections of Art,	Historic	al Treasures	, or Otl	her Similar A	ssets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other re	cords, c	heck any of th	ne follow	ing that make	significant use of its
а	☐ Public exhibition		d 🗌 Lo	oan or exchang	ge progra	am	
b	☐ Scholarly research		e 🗆 Ot	ther			
С	☐ Preservation for future generations		_				
4	Provide a description of the organization's	e collections and a	volain ho	w they further	the ora	anization's eve	amnt nurnose in Par
_	XIII.	s conections and e	Apiaiii iic	W they faither	the org	ariization 3 exe	sinpi puipose iii i ai
5	During the year, did the organization solid						
	assets to be sold to raise funds rather than		as part o	f the organizat	ion's co	llection? .	. ∐ Yes ∐ No
Part	Complete if the organization and 990, Part X, line 21.		orm 99	0, Part IV, lin	e 9, or ı	reported an a	mount on Form
1a	Is the organization an agent, trustee, cus						not
	included on Form 990, Part X?						. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part X	III and complete th	e followir	ng table:		1	
							Amount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on				ustodial	account liabili	ty? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part X						•
Par	Endowment Funds.		•		•		
	Complete if the organization ans	wered "Yes" on	orm 99	0, Part IV, lin	e 10.		
			Prior year			(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance			1,,,,,			1
b	Contributions						
	Net investment earnings, gains, and						
С	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
	End of year balance						
g	Provide the estimated percentage of the c	urrant vaar and hal	anaa (lin	a 1 a a a a luma /	2)) bold c	201	
_			ance (iii ie	e rg, coluirii (a	a)) Helu a	15.	
a	Board designated or quasi-endowment						
b	Permanent endowment ▶%	0					
С	Term endowment ▶%	14000/					
	The percentages on lines 2a, 2b, and 2c s						
3a	Are there endowment funds not in the pos	ssession of the org	anizatior	n that are held	and adr	ministered for t	
	organization by:						Yes No
	(i) Unrelated organizations						. 3a(i)
	()						. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	izations listed as re	quired o	n Schedule R?	' 3b
4	Describe in Part XIII the intended uses of t	he organization's e	ndowme	nt funds.			
Part	VI Land, Buildings, and Equipmen	nt.					
	Complete if the organization ans	swered "Yes" on	orm 99	0, Part IV, lin	<u>e 1</u> 1a. 9	See Form 990), Part X, line 10.
	Description of property	(a) Cost or other ba	sis (b) C	ost or other basis	(c) A	Accumulated	(d) Book value
		(investment)		(other)	de	preciation	
1a	Land		0	0			C
b	Buildings		0	0		0	0
	Leasehold improvements		0	0	†	0	C

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

d Equipment

0

7,534

0

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial			
	eld equity interests		
	nk of China CD 1.75% mat 12/17/20 - FDIC Insured	140,000	Cost
	Bank of India CD 1.75% mat 6/24/20 -FDIC insured	140,000	Cost
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	280,000	
Part VIII	Investments—Program Related.	200,000	
	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11c. See Fo	orm 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	· · ·	• •	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		
Part IX	Other Assets.	V P 44 J O E	000 B. IV I'm 45
	Complete if the organization answered "Yes" on Form 990, Part I	v, line 11a. See F	
(4)	(a) Description		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
	Complete if the organization answered "Yes" on Form 990, Part I line 25.	V, line 11e or 11f.	See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in			(0) 2 2 2 3 1 1 1 1 2 2
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		>
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provided in Part XIII . $\ \square$

Schedule D (Form 990) 2019

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Par		=	Return	i.
	Complete if the organization answered "Yes" on Form 990,	· · · · · · · · · · · · · · · · · · ·		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i>		5	
Part				
ıaıı	Complete if the organization answered "Yes" on Form 990,		ci rictu	111.
-	Total expenses and losses per audited financial statements		1	
1	·		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-		
a	Donated services and use of facilities		_	
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	 		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	
	XIII Supplemental Information.			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2	b; Part V	, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformatio	on.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Name of the organization **Employer identification number NEW YORK TRACK & FIELD INC** 45-3548596 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (d) Amount of cash (b) EIN (c) IRC section (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant cash assistance noncash assistance or assistance other) (9) (10)(11)(12)

Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, (a) Type of grant or assistance (c) Amount of (b) Number of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 1 - No individual grant recipient received over \$5,000

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
NEW YORK TRACK & FIELD INC	45-3548596
Form 990, Part VI, Section A, Line 6 - We are a membership based organization and have approximately 45	600 members. Membership is
open to all, our members are generally involved in some way with the sports sports of Track and Field, Lo	
Walking, being athletes, officials, coaches, or administrators. They generally reside in our territory as desi	>
	griated by USA Track and Field
(the national organization).	
Form 990, Part VI, Section A, Line 7a - The members over the age of 18 elect the Officers and Directors at t	he Annual Meeting. Three of the
nine Officers and Directors are elected each year and serve for three years.	
Form 990, Part VI, Section A, Line 7b - The membership has the power to amend the bylaws of the corpora	tion (as does the Board of
Directors); it has the power to change the Certificate of Incorporation, to dissolve it, and to dispose of its	assets.
Form 990, Part VI, Section B, Line 11b - A draft copy of the Form 990 is emailed to each Officer and Director	or with a request to revert with
any questions, comments, or proposed changes and/or corrections	
Form 990, Part VI, Section B, Line 12c - A copy of the conflict of interest policy is presented annually to ea	ch Officer and Director and
disclosures are collected as per Article XII of the Bylaws.	<u> </u>
disclosures are concelled as per Article Air of the Dylaws.	
Form 000 Part VI Section C. Line 10. The decomments are nected an our website. Incurrent weether	
Form 990, Part VI, Section C, Line 19 - The documents are posted on our website - newyork.usatf.org	
Form 990, Part IX, Line 11g - Competition Officials \$107,273 Competition Managers \$1,770 Competition Me	
Timing and Scoring \$2,450, Other Competition Services \$6,122, Banquet Announcer \$250 (\$2,414 was repo	orted as Officer's payments)

Schedule O, Statement 1 NEW YORK TRACK & FIELD INC

Form: **Form 990 (2019)** EIN: **45-3548596**

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

and education and promotion of physical fitness. All are in our designated region as a local association of USA Track and Field which is the governing body for these sports in this country as designated by the US Olympic Committee and the International Association of Athletics Federations.

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NEW YORK TRACK & FIELD INC

Form: Form 990 (2019)

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EIN: 45-3548596 Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Youth Grants - Travel Grants to top local track and field teams to partially offset travel expenses to regional or national championships. The top scoring teams in the local Junior Olympic Championships are reimbursed for travel expenses (documented by receipts) to the regional or national Junior Olympic Championships. The amount of the reimbursement is based on the team's place (first, second, etc.) in the team scoring. Youth Team Equipment Grants are administered in the same way	13,750	13,750	0
	Sanctions - Administer and coordinate sanctions and event insurance for track & field meets and cross-country, road, and race-walk events in our region. Note that all expenses are collected on behalf of USATF (national office), thus not shown as either income or expense for New Track and Field, Inc.	0		17,209
	Meet Organization - General expenses for supplies used for multiple types of events and therefore not charged to a single catagory	4,184		0
	Organize clinics for coaches and athletes; and provide grants for coaches to attend other training and clinice	2,389	1,350	0
	Road Race and Trial Championships - Provide sanctions for four races	280	0	0
	Other Grants - Event sponsorship at NY Relays	475	475	0
Total:		21,078	15,575	17,209