990-EZ

Short Form Return of Organization Exempt From Income Tax

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

00.40

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	2013 calend	ar year, or tax year beginning 01/01	, 2013,	and ending		12/31	, 20	13	
В	Check if ap	k if applicable: C Name of organization				D Employer identification number			er	
	Address cl	Idress change USA Track and field Mid-Atlantic Inc				23-2753751				
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street a	ddress)	Room/suite	E Telephone number				
Н	Initial retur		P.O. Box 662			267-241-3714				
H	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal	code		F Grou	ıp Exer	nption		
H	Application		Southerastern, PA 19399-0682			Num	ber 🕨			
G		ing Method:	✓ Cash		H	Check	▶	the organization	n is not	
	Website	1.7	mausatf.org			required	to atta	ach Schedule B		
J ·	Tax-exen) 4947(a)(1) o	527	(Form 9	90, 990	-EZ, or 990-PF)		
			: ✓ Corporation ☐ Trust ☐ Association	Other						
L	Add lines	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts							
(Pa	art II, coli		w) are \$500,000 or more, file Form 990 instead of Form 990				\$		188,022	
F	Part I		e, Expenses, and Changes in Net Assets or							
			the organization used Schedule O to respond to						. 🗸	
	1	Contribution	ons, gifts, grants, and similar amounts received				1		0	
	2	Program s	ervice revenue including government fees and contr	acts			2		94,506	
	3	Membersh	ip dues and assessments				3		81,270	
	4	Investmen	t income				4		12,246	
	5a	Gross amo	ount from sale of assets other than inventory	5a		0				
	b		or other basis and sales expenses			0				
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Gaming and fundraising events								
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000)								
Revenue	b	Gross inco	ome from fundraising events (not including \$	0.0	f contribution	ons				
á			raising events reported on line 1) (attach Schedule		r.					
leads.		sum of su	ch gross income and contributions exceeds \$15,000)) · · 6b		0				
	С	Less: direc	ct expenses from gaming and fundraising events .	6с		0				
	d	, , , , , , , , , , , , , , , , , , , ,								
		line 6c)					6d		0	
	7a	Gross sale	es of inventory, less returns and allowances			0				
	b	Less: cost	of goods sold			0				
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b f	rom line 7a) .			7c		0	
	8		enue (describe in Schedule O)				8		0	
_	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			>	9		188,022	
	10		d similar amounts paid (list in Schedule O)				10	W. 1100 DO TO THE	0	
	11		aid to or for members				12		0	
ď	12		other compensation, and employee benefits				13		0	
Fynans	13		nal fees and other payments to independent contrac				14	Alexandra	0	
2	14		sy, rent, utilities, and maintenance				15			
Ц			oublications, postage, and shipping				16	3.00	6,492 144,795	
	16		enses (describe in Schedule O)				17		144,795 151,287	
_	17	l otal exp	enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9)	· · · · · ·			18		36,735	
4	18	Excess or	s or fund balances at beginning of year (from line 9)	27 column (A)) (must aar	ee with	10	nemus also	30,733	
0	19	end-of-vo	ar figure reported on prior year's return)	27, OOIGITIIT (A)	, (must agi		19		120,275	
4	5 00		nges in net assets or fund balances (explain in Sche				20		-22,324	
Net Assets	20		s or fund balances at end of year. Combine lines 18				21		134,686	
	121	ואכנ מסספני	of fully balances at chie of year. Combine lines to	oug., 20						

	330-LZ (2013)					Page 2
Pa	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedu	le O to respond to	any question in this	Part II		🗸
22	Cash sayings and investment			(A) Beginning of year		(B) End of year
23	Cash, savings, and investments			122,899		133,298
24	Land and buildings				23	0
25	Total assets			4,133		5,138
26	Total liabilities (described: O. L. L. L. C.)			127,032		138,436
27	Net assets or fund balances (line 27 of colum	nn (R) muet agree wi		6,757	_	3,750
Par	t III Statement of Program Service Accor	nplishments (see t	the instructions for	120,275	27	134,686
	Check if the organization used Schedul	e O to respond to	any question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O. St	atement 1	raitiii	(Red	quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomple				orga	anizations and section
as II	neasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner describe th	ne services provided	d, the number of	494	7(a)(1) trusts; optional others.)
	Drovido constigue for to all a la					
	(Grants \$) If this amount	+ implicate = f = 1				
29) ii dile diliedili	t includes foreign gr	ants, check here .	▶ 🗌	28a	29,690
	Provide T&F championships, certify officials, organi convention, and process memberships.					
	ositive and process memberships.					
	(Grants \$) If this amount	t includes foreign ar	ants, check here .		00	
30	Provide age group competition indoor and outdoor;	recognize achievem	ants, check here .	🕨 📋	29a	112,985
	and outdoor,	recognize acmeveme	ents with awards.			
	(Grants \$) If this amount	includes foreign gr	ants, check here .	• • • □	30a	0.612
31	Other program services (describe in Schedule O)				ooa	8,612
	(Grants \$) If this amount	includes foreign an	anta abaalahara		31a	0
32	Total program service expenses (add lines 28a	through 31a)			32	151 207
Part	List of Officers, Directors, Trustees, and Key	v Emplovees (list eac	h one even if not come	nensated—see the inc	struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation		Estimated amount of ther compensation
Cynth	ia Young					
	Rugby Street Philadelphia, PA 1 9138	President, 10				
	lemsley					
	dmonds Ave. Drexel Hill, PA 19026	Vice President, 5				
	pencer					
	30x 662 Southeastern, PA 19399	Secretary, 5		Control (Spinor)		
	te White	Financial				
	Georgia Rd Philadelphia, PA 19138 S Glispy	Secretary, 5				
	orence Ave Wilmington, DE 19803	_				
	n McCoubrie	Treasurer, 5				7,000
	Box 662 Southeastern, PA 19399	Membership & Sanctions, 15				
	- Tools southers in the tools	Sanctions, 15				
				70000		
				A CONTRACTOR OF THE CONTRACTOR		
					1 3570	
•						

Par		s in t	he	age .
	instructions for Part V) Check if the organization used Schedule O to respond to any question in thi	s Part	٧	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	05-		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36		V
b	Did the organization file Form 1120-POL for this year?	37b		J
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b		Jua		٧
39 a	Section 501(c)(7) organizations. Enter:			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40h		,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		V
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		./
41	List the states with which a copy of this return is filed ►	100		
42a		267-24	1-3714	
b	Located at ► 111 Florence Ave Wilmington, DE ZIP + 4 ►	198		
	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)?	42b	Yes	
	If "Yes," enter the name of the foreign country: ▶	420		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	• •	. •	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

46	Did the organization engage, directly of	or indirectly, in political	campaign activities or	n behalf of or in oppos	ition 163 140					
Part	to candidates for public office? If "Yes VI Section 501(c)(3) organization	ons only	C, Part I		. 46					
	All section 501(c)(3) organizat	ions must answer au	estions 47_40h and	52 and complete th	oo tablaa fay liyyy					
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.									
_	Check if the organization used	Schedule O to respon	d to any question in t	this Part VI						
47					Yes No					
47	Did the organization engage in lobbyi	ng activities or have a	section 501(h) election	on in effect during the	tax					
40	year? If "Yes," complete Schedule C, I				. 47 🗸					
48 49a	Is the organization a school as describe	d in section 170(b)(1)(A)	(ii)? If "Yes," complete	Schedule E	. 48 🗸					
b	Did the organization make any transfer If "Yes," was the related organization a	s to an exempt non-cha	aritable related organi	zation?	. 49a ✓					
50	Complete this table for the organization	n's five highest compor	on?		. 49b					
	employees) who each received more the	nan \$100,000 of compe	nsation from the orga	nization officers, direct	tors, trustees and key					
		(b) Average	(c) Reportable	(d) Health benefits.	e, enter None.					
	(a) Name and title of each employee	hours per week	compensation	contributions to employee	(e) Estimated amount of					
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other compensation					
None										
W										
f	Total number of other employees paid	over \$100,000	•							
51	Complete this table for the organization	n's five highest compe	ensated independent	contractors who each	received more than					
	\$100,000 of compensation from the or	ganization. If there is no	one, enter "None."	ornadoro who caon	received more man					
	(a) Name and business address of each indepe	endent contractor	(b) Type of servi	ice (c)	Compensation					
			(=, -,) po el celti	(6)	Compensation					
None										
	The second secon									
			-							
d T	Total number of other independent cont	ractors each receiving	over \$100,000							
52	Did the organization complete Schedule	A? Note. All section 50	01(c)(3) organizations	and 4947(a)(1)						
	nonexempt charitable trusts must attach			<u></u>	► ✓ Yes □ No					
Under per true, corre	enalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other th	s return, including accompany	ing schedules and statemer	nts, and to the best of my kno	owledge and belief, it is					
	h	an onicer) is based on all infor	mation of which preparer ha	as any knowledge.	0.001					
Sign	Signature of officer	D.1								
Here	Rogers L. Glispy, Treasurer									
	Type or print name and title		0							
Paid	Print/Type preparer's name	Preparer's signature	Date		PTIN					
Paiu Prepai			Date	Check Self-employe	if					
Use O		1		Firm's EIN ▶	~					
	Firm's address ▶			Phone no.						
May the	e IRS discuss this return with the prepare	er shown above? See in	structions		Yes No					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number USATF Track & Field Mid Atlantic Inc 23-2753751 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support (i) organized in the above or IRC section governing document? col. (i) of your (see instructions)) support? U.S.? Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support					T 22222 T	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			- 2			
	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						***************************************
Ü	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
Ü	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)						-
Sooti	Public support. Subtract line 5 from line 4. on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	(a) 2003	(b) 2010	(0) 2011	(u) 2012	(0) 2010	(i) rotar
8	Gross income from interest, dividends,						
U	payments received on securities loans,			=			
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business		8 9				
	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 IV.)		æ				
a a							
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instructi	Ons)			12	
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						•
14	Public support percentage for 2013 (line			1, column (f))		14	%
15	Public support percentage from 2012 Scl					15	%
16a	331/3% support test-2013. If the organi	zation did not	check the box	on line 13, an	d line 14 is 331	/3% or more, c	heck this
	box and stop here. The organization qua						
b	331/3% support test—2012. If the organ check this box and stop here. The organ					9 15 IS 331/3%	
1,000		58					
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me	013. If the orga	anization did n	ot check a box	x on line 13, 16	oa, or 160, and	IINE 14 IS Evolain in
	Part IV how the organization meets the "1						
	organization						. • □
b	10%-facts-and-circumstances test—2	012 If the ora	anization did n	ot check a bo	x on line 13 16	3a 16b or 17a	and line
D	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check 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 9 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.)

Sect	tion A. Public Support			, , , , , , , , , , , , , , , , , , , ,		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees			.,	(-,	(0) 20 10	(i) Total
	received. (Do not include any "unusual grants.")			40,442	73,955	81,270	195,667
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	131,371	115,491	85,421	126,765	94,506	553,554
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	131,371	115,491	125,863	200,720	175,776	749,221
6 7a	Total. Add lines 1 through 5 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			٠			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						749,221
	on B. Total Support	3245-7274 (1703/34/17) 75 TOP-PVF (18046-2707-1804)					
	idar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	131,371	115,491	125,863	200,720	175,776	749,221
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,746	569	1 102	2 202	40.040	40.00
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,740	509	1,193	2,283	12,246	18,037
С	Add lines 10a and 10b	1,746	569	1,193	2,283	12,246	18,037
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					12,230	75,667
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	133,117	116,060	127,056	203,003	188,022	767,258
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Section	on C. Computation of Public Support						
15	Public support percentage for 2013 (line 8			3. column (f))		15	97.65 %
16	Public support percentage from 2012 Sch	edule A. Part II	I. line 15 .			16	98.84 %
Section	on D. Computation of Investment Inc	ome Percen	tage			1.0	30.04 /0
17	Investment income percentage for 2013 (li			line 13. colum	n (f))	17	2.35 %
18	Investment income percentage from 2012	Schedule A, P	art III, line 17			18	1.16 %
19a	331/3% support tests—2013. If the organize 17 is not more than 331/3%, check this box a	zation did not on the contract of the contract	check the box The organizatio	on line 14, and n qualifies as a	l line 15 is mo publicly suppor	ore than 331/3% rted organization	, and line n . ▶ ✓
b	33 1/3% support tests—2012. If the organization 18 is not more than 331/3%, check this b	ation did not ch	eck a box on li	ine 14 or line 19	a, and line 16 i	is more than 33	1/3%, and
20	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2013						
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part III, line 12. Also complete this part for any additional information. (See instructions).	Page 17b; and				
- 						

SCHEDULE O (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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number USA Track & Field Mid-Atlantic Inc 23-2753751 Form 990-EZ, Part I, Line 16-Awards, national sanction fees, national membership fees Form 990-EZ, Part I, Line 20-Adjustments required in valuation of previous years. Form 990-EZ, Part II, Line 24-Equipment Form 990-EZ, Part II, Line 26-Outstanding checks

Name of the operization Propose - Line number: Part III To advance, promote, encourage participation in, improve, and govern amateur athletics in the Mid-Atlantic area consistent with and subject to the authorities delegated to it by USA Track & Field, Inc.	Schedule O (Form 990 or 990-EZ) (2013)	and .
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