

Short Form

OMB No. 1545-1150

Form **990-EZ****Return of Organization Exempt From Income Tax**

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

2018**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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A For the 2018 calendar year, or tax year beginning** January 1, 2018, and ending December 31, 2018**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☒ Amended return
☐ Application pending

C Name of organization

USATF Mid-Atlantic Inc.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 662

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Southeastern, PA 19399-0682

D Employer identification number

23-2753751

E Telephone number

(267) 603-3404

F Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 186,313.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	120,750.
	3	Membership dues and assessments	3	61,510.
	4	Investment income	4	4,053.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	0.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	186,313.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	5,000.
	13	Professional fees and other payments to independent contractors	13	500.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	449.
	16	Other expenses (describe in Schedule O) See Line 16. Stmt	16	130,272.
	17	Total expenses. Add lines 10 through 16 ▶	17	136,221.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	50,092.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	122,115.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-26,476.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	145,731.

For Paperwork Reduction Act Notice, see the separate instructions. BAA

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Form **990-EZ** (2018)

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

Balance Sheets (see the instructions for Part II)

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

Check if the organization used Schedule O to respond to any question in this part		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	117,972.	22 141,588.
23	Land and buildings	0.	23 0.
24	Other assets (describe in Schedule O)	4,143.	24 4,143.
25	Total assets	122,115.	25 145,731.
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	122,115.	27 145,731.

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

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

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	Provide sanctions for track and field and road race events	(Grants \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	5,450.
29	provide track & field championships, certify officials, organize road and off-road Grand Prix, participate in the National Convention, and process memberships	(Grants \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	32,951.
30	Provide indoor and outdoor age group competition awards for the competitors achievements	(Grants \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	19,714.
31	Other program services (describe in Schedule O)	(Grants \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	2,799.
32	Total program service expenses (add lines 28a through 31a) ▶		32	60,914.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARNETTE HANDY-HALL PRESIDENT	10.00	0.	0.	0
SOLOMIYA LOGAN VICE PRESIDENT	5.00	0.	0.	0.
KISHA VAUGH SECRETARY	5.00	0.	0.	0.
ANNETTE WHITE FINANCIAL SECRETARY	5.00	0.	0.	0.
J WAYNE SADOWSKI TREASURER	5.00	0.	0.	0.
DOREEN MCCOUBRIE MEMBERSHIP SECRETARY	25.00	7,000.	0.	0.