

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including: A For the 2010 calendar year, or tax year beginning 2010, and ending 2010; B Check if applicable; C Name of organization NORTH CAROLINA USA TRACK AND FIELD; D Employer identification number 56-1823745; E Telephone number 919-220-5991; F Group Exemption Number 3062; G Accounting method; H Check if the organization is not required to attach Schedule B; I Website: WWW.NCUSATF.ORG; J Tax-exempt status; K Check if the organization is not a section 509(a)(3) supporting organization; L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; Total gross receipts: 146562

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows and 2 columns. Column 1: Description of revenue, expenses, and net assets. Column 2: Amount. Rows include: 1 Contributions, gifts, grants, and similar amounts received (5651); 2 Program service revenue including government fees and contracts (41457); 3 Membership dues and assessments (49454); 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses other than fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue (146562); 10 Grants and similar amounts paid; 11 Benefits paid to or for members (10740); 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors (20865); 14 Occupancy, rent, utilities, and maintenance (12227); 15 Printing, publications, postage, and shipping (6428); 16 Other expenses (93909); 17 Total expenses (144169); 18 Excess or (deficit) for the year (2393); 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (2393)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

NORTH CAROLINA USA TRACK AND FIELD

56-1823745

Form 990-EZ (2010)

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 [X]

Table with 2 columns: (A) Beginning of year, (B) End year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? EDUCATIONAL AND ATHLETICS DEVELOPM (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947 (a)(1) trusts; optional for others.)

Table with 2 columns: Description of program services, Expenses. Rows include Youth Clubs Grants, Sponsorships at North Carolina Long Distance Running, Amateur Athletic Development Programs, and Other program services.

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 []

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Lists Albert Davis, Chris Love, Vernia Wilson, and April Hamilton.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

| | | Yes | No |
|-----|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O | | X |
| 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) | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | | |
| 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 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 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? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | |
| 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 | 40b | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 ▶ | | |
| e | 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 | X |
| 41 | List the states with which a copy of this return is filed. ▶ | | |
| 42a | The organization's books are in care of ▶ APRIL HAMILTON Telephone no. ▶ (919) 621-3580 Located at ▶ 3144 LANDING FALLS LANE, RALEIGH NC ZIP + 4 ▶ 27616-5229 | | |
| b | 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 | X |
| | If "Yes," enter the name of the foreign country: ▶ | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | X |
| | If "Yes," enter the name of the foreign country: ▶ | | |
| 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 ▶ 43 | | |
| 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 | X |
| 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 | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 44d | |

We're sorry, but your incoming fax may be incomplete. Please call the sender to verify your fax or to request a re-send.

Your fax may be incomplete because one or more of the following has occurred:

1. Fax transmission was interrupted.
2. "End fax" signal not received.
3. Unable to convert to desired file format.

We apologize for any inconvenience.

You will not be charged for this additional page.