

Information copy. Do not send to IRS.

Form **990-N**
 Department of the Treasury
 Internal Revenue Service

Electronic Notice (e-Postcard)
 for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 1/1/2011, and ending 12/31/2011.

B Check if applicable

Terminated, Out of Business

Gross receipts are normally \$50,000 or less

C Name of organization: USA TRACK & FIELD INC
 d/b/a: USATF West Texas Association

% Mark Graves
5314 Cole Dr
Odessa, TX, US, 79768

D Employer Identification Number
20-4793197

E Website:

www.usatfwesttexas.com

F Name of Principal Officer: Tony Goyang

5116 San Antonio Ave
Midland, TX, US, 79707

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

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 black lung benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 20 11

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending

C Name of organization USATF West Texas Association, Inc.
Doing Business As _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5314 Cole Dr
City or town, state or country, and ZIP + 4
Odessa, Texas 79762

D Employer identification number
20-4793197

E Telephone number
432-580-3770

F Name and address of principal officer: Tony Goyang

G Gross receipts \$ _____

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ _____


K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: _____ **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The mission of USATF West Texas Association is to provide vision and leadership to the sport of track and field in West Texas, and to promote the pursuit of excellence from youth to masters, and from grassroots to the Olympic Games. The Association holds an annual championship event for long distance, cross country and track and field athletes that will qualify them for the regional championship.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 0	Current Year 0
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14842	9414
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5837	8324	
19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer:  Date: 4-23-12
Type or print name and title: MARK GRAVES TREASURER

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
Firm's name ▶: _____ Firm's EIN ▶: _____
Firm's address ▶: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No