CHAR500 Online

For new annual filings, and amendments

Zip:

11793

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type: • New Fil	ing OAm	endment	Filing Year: 202	22	_
General Information					
Current Organization Name	: LONG ISLANI	D TRACK AND FIELD INC	Updated Nan	ne:	N/A
NY Registration Number:	06-80-90		Registration (Category:	DUAL
Organization Type:	Corporation	1	EIN:		113481674
Current Fiscal Year End:	12/31		Updated Fisca	al Year End:	N/A
Organization Email:	treasurer@	longisland.usatf.org	Organization'	s Phone:	5167298664
Tax Exempt Status:	501(c)(3)		Website:		
Organization Address					
Mailing Addres	S	Principal Ad	ddress		NY State Address
Smithtown NY 11787 UNITED STATES	NY NY 11787			NA	
Primary Contact Information First Name: GARY Phone: 5167298664	on	— Last Name: WE	STERFIELD surer@longislar		TREASURER
Organization Type Type of IRS document filed	with IRS: <u>IF</u>		nization Type:		
Third Party Preparer	Informatio	n			
First Name: Wade		Last Name: Blur	nstein	Title: _	СРА
Firm Name: Blumstein & Ca	apparelli CPAs	LLP Phone: 516	7298664	Email:	wade@wblccpas.com
Third Party Address Street: 1476 Blue Spruce	e Lane				
City: Wantagh		State:	NY		

Country: United States

Registration Category
 Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited to, maintaining an office, having employees or staff, or running a program. Yes ONo
2. Does the organization have assets in New York State? ⊙ Yes ○ No
3. Is the organization incorporated or formed in New York State?
4. Does the organization solicit, or plan to solicit, or receive \$25,000 or more annually in total contributions from
New York State residents, foundations, corporations, or government agencies, etc.? ● Yes ○ No
5. Does the organization use a professional fundraiser or fundraising counsel? ○Yes No
Based on your responses to the above questions, this organization's registration category remains as DUAL
Dublic Charity
Public Charity
1. Did the organization solicit or receive contributions during the fiscal year in New York State?
3. Choose the total contributions in New York State this fiscal year: \$25,000-\$99,999
Annual Exemptions
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. unde \$25,000 during the fiscal year? O Yes O No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? O Yes O No N/A
 3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? Yes No
Based on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this fiscal year.

Financial Information			
Type of IRS document filed with IRS	IRS990EZ	Organization's total rever	nue: <u>79,570</u>
Organization's total contributions:	25,400	Organization's total asset	s: N/A
Organization's net assets:	33,600	_ Organization's total rever	nue N/A
Organization's total liabilities:	N/A	and contributions:Organization's total asset	cs/ N/A
Organization's total income:	N/A	_ worth:	
For this filing year, does your organi ☐Closing ☐ Withdrawing	Dissolving ☑ I	None	New York State Charities Bureau?
Is this your final filing with New Yor Filing Information	k State? OYes (ONO N/A	
Did your organization use a profess	ional fundraiser or fundra	nising counsel for fundraising	activity in New York State?
Oyes •No			
General Informa	ntion	Description of Services	Description of Compensation
Name of Firm: N/A]	N/A	N/A
Type: N/A Reg	Number: N/A		
Contract Start: N/A Cont	ract End: N/A		

Name of Firm: N/A	N/A	N/A
Type: N/A Reg Number: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
	N/A	DT / D
Name of Firm: N/A	— N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A	_	
Mailing Address: N/A		

Did the organization receive government grants during this fiscal year?

Government Grant Agency	Grant Amount
Small Business Administration	\$4,900.00
N/A	N/A

					_
		•		_	4
•		m	-		

A			
Affached	organization	's reallired	documents.
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OI SUITIL UTION	3 1 Cquii Cu	accurrents.

- ☑ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
President	Alex	Cuozzo	president@longisland.usatf.org
Treasurer	Gary	Westerfield	treasurer@longisland.usatf.org

Form **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)

OMB No. 1545-0047
2022

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.

4	For the	2022 calend	dar year, or tax year beginning , and ending			_		
В	Check if a	applicable:	D Employer	identification number				
	Address	change						
	Name cha	ange	Long Island Track & Field Inc		481674			
	Initial retu	ırn	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number			
	Final retu	rn/terminated	350 Old Willets Path	516-	729-8664			
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code	F Group Ex	remption			
		on pending	Smithtown NY 11787	Number				
G	Accoun	nting Method:			H Che	eck if th	e organization is not	
	Websit				requ	uired to attach	Schedule B	
J	Tax-exe	empt status (cl	neck only one) — 🔀 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 52	7 (Fo	rm 990).		
K	Form o	f organization	ı: 🗶 Corporation 🗌 Trust 🦳 Association 🦳 Othe	er				
L			d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o					
(Pa	rt II, col		\$500,000 or more, file Form 990 instead of Form 990-EZ				79,570	
F	Part I		ue, Expenses, and Changes in Net Assets or Fund Bala					
		Check	if the organization used Schedule O to respond to any question in	n this Par	t I			
	1		gifts, grants, and similar amounts received				25,400	
	2	Program ser	vice revenue including government fees and contracts			2	54,084	
	3	Membership	dues and assessments			3	86	
	4	Investment i	ncome			4		
	5a	Gross amou	nt from sale of assets other than inventory					
	b	Less: cost o	r other basis and sales expenses 5b)				
	С	Gain or (loss)	from sale of assets other than inventory (subtract line 5b from line 5a)			5c		
	6	Gaming and	fundraising events:					
	а	Gross incom	ne from gaming (attach Schedule G if greater than					
ne		\$15,000)	<u>6a</u>					
Revenue	b	Gross incom	ne from fundraising events (not including \$ of c	contribution	ns			
æ		from fundrai	sing events reported on line 1) (attach Schedule G if the					
		sum of such	gross income and contributions exceeds \$15,000) 6b					
	С	Less: direct	expenses from gaming and fundraising events					
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract				
				. ,		6d		
	7a	Gross sales	of inventory, less returns and allowances 7a					
	b	Less: cost o	• • • • • • • • • • • • • • • • • • • •					
	С	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8	Other reven	ue (describe in Schedule O)			8		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				79,570	
	10		similar amounts paid (list in Schedule O)			10		
	11		d to or for members			11		
Š	12	Salaries, oth	er compensation, and employee benefits			12	28,225	
nse	13	Professional	fees and other payments to independent contractors			13	12,441	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	4,800	
Ш	15	Printing, pub	lications, postage, and shipping			15	133	
	16	Other expen	ses (describe in Schedule O)			16	28,072	
	17	Total expen	ses. Add lines 10 through 16			17	73,671	
Ø	18	Excess or (d	leficit) for the year (subtract line 17 from line 9)			18	5,899	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agre	ee with				
As		•	figure reported on prior year's return)				27,701	
Vet	20		es in net assets or fund balances (explain in Schedule O)					
_	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20			21	33,600	

 $\label{eq:constraints} \textbf{For Paperwork Reduction Act Notice}, \textbf{see the separate instructions}.$

Form **990-EZ** (2022)

Inc 11-3

	Part II Balance Sheets (see the instruc		,				V
	Check if the organization used Sch	nedule O to	o respond to any				
				<u> </u>	ginning of year		(B) End of year
	2 Cash, savings, and investments				32,601	22	33,744
	B Land and buildings				0	23	
	Other assets (describe in Schedule O)				0	24	22 744
	5 Total assets				32,601	25	33,744
	Total liabilities (describe in Schedule O)				4,900	26	144
	Net assets or fund balances (line 27 of column (B				27,701	27	33,600
	Part III Statement of Program Service						
	Check if the organization used Sch	nedule O to	o respond to any	question in this Part	III <u>A</u>		Expenses
	hat is the organization's primary exempt purpose?					•	quired for section
	See Schedule O						(c)(3) and 501(c)(4)
	escribe the organization's program service accomplish			- , -		_	inizations; optional for
	s measured by expenses. In a clear and concise mani		•	rided, the number of		othe	ers.)
	ersons benefited, and other relevant information for ea	ach program	n title.				
28	TRACK EXPENSES						
	(Grants \$) If this amount	nt includes t	foreign grants, che	ck here		28a	9,578
29	SANCTION FEE EXPENSE						
				ck here		29a	
30	· ·						
				ck here		30a	5,526
31	Other program services (describe in Schedule O)						- ,
•				ck here		31a	20,505
32	2 Total program service expenses (add lines 28a th					32	35,609
	Part IV List of Officers Directors Trustees	and Key Fr	mplovees (list eac	h one even if not compe	nsated — see the	instruc	tions for Part IV)
	Check if the organization used Schedul	le O to resp	ond to any questio	n in this Part IV			<u> </u>
	(a) Name and title		(b) Average hours per week	(c) Reportable compensation	(d) Health ben	efits,	(e) Estimated amount of
	(a) Name and title		devoted to position	(Forms W-2/1099-MISC/	contributions to ended benefit plans,	and	other compensation
				1099-NEC) (if not paid, enter -0-)	deferred comper	nsation	
-	ALEX CUOZZO						
	PRES		15.00	0		0	_
			15.00	0		- 0	0
٠.	JASON RAMIREZ		0.00	•		^	
	VP		0.00	0		0	0
	GARY WESTERFIELD			_		_	_
_	TREAS.		6.00	0		0	0
	ROBERT LEMKE						
	VP		2.00	0		0	0
	PAM LEE						
	SECY		2.00	0		0	0
•							
•							
•							
٠							

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	morradione for Fair V./ Ghosk if the organization about Conformer C to respond to any quotien in time Fair V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		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			v
25-	change on Schedule O. See instructions	34		X
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		X
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		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	UUD		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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	36		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?	37b		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?	38a		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 Oraca propriets included on line 9 and a line feelilities and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	_		
40a	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	40-		х
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NY	40e		
42a		5-72	9-8	664
u	PO Box 504	₹		· · · · ·
		804		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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 FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
С	If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			Г
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
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		<u> </u>
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			
4E-	explanation in Schedule O	44d	\vdash	х
45a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Λ
b	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		X
				

Form 990-EZ (2022)

Long Island Track & Field Inc

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		e organization engage, directly or indirectly, in political didates for public office? If "Yes," complete Schedule 0							46		X
	t VI	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answ 50 and 51. Check if the organization used Schedule O to	wer questions 47	′–49b aı	nd 52, and cor	nplete the	tables for li	nes	1		
				•					T	Yes	No
		e organization engage in lobbying activities or have a s If "Yes," complete Schedule C, Part II			-				47		X
		organization a school as described in section 170(b)(1)(A)(ii)? If "Yes." co	omplete	Schedule E				48	\dashv	X
		e organization make any transfers to an exempt non-cl							49a	\neg	х
		," was the related organization a section 527 organiza	· · · · · · · · · · · · · · · · · · ·						49b		
		ete this table for the organization's five highest compe	. ,	,	· ·	•					
	emplo	yees) who each received more than \$100,000 of comp									
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(Forms	Reportable mpensation W-2/1099-MISC) 099-NEC)	contribution benefit	th benefits, s to employee plans, and ompensation		stimated er comp		
Noi	ne										
51 (Compl	ete this table for the organization's five highest compe 000 of compensation from the organization. If there is r	none, enter "None.	nt contra			ore than				
		(a) Name and business address of each independent conf	ractor		(b) Typ	e of service		(c) C	Compens	ation	
Non	e										
· · · · · · · ·		number of other independent contractors each receivin									
52	Did the	e organization complete Schedule A? Note: All section	501(c)(3) organiz	ations m	ust attach a			X	Yes		No
Under	penaltie	eted Schedule A es of perjury, I declare that I have examined this return, included and complete. Declaration of preparer (other than officer) is be	ding accompanying s								10
Sign		Signature of officer			Da	ite					
Here		GARY WESTERFIELD Type or print name and title			TREAS.						
	$\overline{}$		parer's signature			Date		$\overline{}$	PTIN		
Paid				_			Check	if mployed		4000	•
Prepa		Wade H. Blumstein Wade Firm's name Blumstein & Cappa	de H. Blumstei relli CPA		LP	[10/:	Firm's EIN		P0014 -137		
Use C	L	Firm's address 1476 Blue Spruce		, <u></u>	· <u>— •</u>		5 = 114				
		Wantagh, NY 1179					Phone no. 5	16-	729-	<u>-8</u> 6	64
May tl	he IRS	discuss this return with the preparer shown above? S	ee instructions						X Yes	;	No

DocuSign Envelope ID: 82C0C761-F31B-43D5-AC1C-C80CF991E88A

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047
2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Employer identification number

			Long Island	Track & Field I	nc		11-348	31674
Р	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box	.)	
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectior	170(b)(I)(A)(i).	
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3	П	A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(iii).	
4	П	A medical re	search organization operated	d in conjunction with a hospital o	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	nospital's name,
		city, and stat	e:					
5		An organizat	ion operated for the benefit of	of a college or university owned	or operate	ed by a g	overnmental unit described in	
	_	section 170(b)(1)(A)(iv). (Complete Part	II.)				
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A	.)(v).	
7				substantial part of its support fro	om a gove	ernmental	unit or from the general publi	С
8			section 170(b)(1)(A)(vi). (Co v trust described in section 1	ompiete Part II.) I 70(b)(1)(A)(vi). (Complete Part	: 11.)			
9	H	-		cribed in section 170(b)(1)(A)(i	-	ed in coni	junction with a land-grant colle	age.
Ĭ				of agriculture (see instructions).				90
10	X	•	,) more than 33 1/3% of its supp				oss
		•		npt functions, subject to certain	•			
				nd unrelated business taxable in				
11			•	0, 1975. See section 509(a)(2)			•	
12	H	-	-	exclusively to test for public safe exclusively for the benefit of, to	-			sees of
14		U	0	ions described in section 509(a	•		, , , , ,	
			. ,	scribes the type of supporting or	, , ,		. , . ,	
	а			erated, supervised, or controlled	-		•	
				ver to regularly appoint or elect	-			
		supportin	ig organization. You must c	omplete Part IV, Sections A a	nd B.			
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having	l
			•	ting organization vested in the s	same pers	ons that	control or manage the support	ted
			tion(s). You must complete					
	С			upporting organization operated tructions). You must complete				vith,
	d			I. A supporting organization ope				on(s)
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a dis	tribution	requirement and an attentiven	ess
		requirem	ent (see instructions). You n	nust complete Part IV, Section	ns A and	D, and P	art V.	
	е			eived a written determination fro			s a Type I, Type II, Type III	
				n-functionally integrated suppor	ting organ	ization.		
	f		mber of supported organizati	ons le supported organization(s).				
	g		1		(5-A) - 45	!#		1 (0.4) (
(e of supported	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see
	•	,		above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
[ot:	ı _							

Schedule A (Form 990) 2022 Long Island Track & Field Inc

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(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 5	Total. Add lines 1 through 3 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							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total
7	Amounts from line 4	, ,	, ,	, ,	, ,			. ,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business 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	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the org	ganization's first, s	econd, third, fourt	h, or fifth tax year	as a section 501(c)(3)		
	organization, check this box and stop here	9						
Sec	tion C. Computation of Public Su	pport Percent	tage					
14	Public support percentage for 2022 (line 6	, column (f) divide	d by line 11, colum	nn (f))			14	%
15	Public support percentage from 2021 Sche	edule A, Part II, lin	e 14				15	%
l6a	33 1/3% support test—2022. If the organi	zation did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this		
	box and stop here. The organization quali	fies as a publicly s	supported organiza	ation				
b	33 1/3% support test—2021. If the organi	zation did not che	ck a box on line 1					
	this box and stop here. The organization of	qualifies as a publi	cly supported orga	anization				
17a	10%-facts-and-circumstances test—202							
	10% or more, and if the organization meet Part VI how the organization meets the facorganization	cts-and-circumstar	nces test. The orga	anization qualifies	as a publicly suppo	orted		Γ
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the	1. If the organizati meets the facts-and-circumst	ion did not check and-circumstances tances test. The o	a box on line 13, 1 test, check this bo rganization qualific	6a, 16b, or 17a, ar ox and stop here. I es as a publicly su	nd line Explain oported		
18	organization Private foundation. If the organization did instructions	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	ee		

Schedule A (Form 990) 2022 Long Island Track & Field Inc

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Page 3

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.)

Sec	ction A. Public Support			7.1		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,605	25,374	28,000	30,400	25,400	129,779
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	84,033	107,705	42,343	30,029	54,170	318,280
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	104,638	133,079	70,343	60,429	79,570	448,059
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
0	line 6.)						448,059
Sec	ction B. Total Support						440,039
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	104,638	133,079	70,343	60,429	79,570	448,059
10a							
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 on 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.)	104,638	133,079	70,343	60,429	79,570	448,059
14	First 5 years. If the Form 990 is for the ord						440,033
	organization, check this box and stop here	,	, ,	•	` /\	···	
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2022 (line 8	, column (f), divided	l by line 13, colum	n (f))		15	100.00%
16	Public support percentage from 2021 Sche						100.00%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2022 (li			, column (f))			<u>%</u>
18	Investment income percentage from 2021 S						%_
19a	33 1/3% support tests—2022. If the organization is not more than 33 1/3%, check this both	ox and stop here. T	he organization q	ualifies as a publicl	y supported organ	ization	X
b	33 1/3% support tests—2021. If the organ						
20	line 18 is not more than 33 1/3%, check th Private foundation. If the organization did	-	~			-	

Schedule A (Form 990) 2022

Long Island Track & Field Inc

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Part IV **Supporting Organizations**

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

S

ect	ion 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.	_ 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			
	lines 3b and 3c below.	3a		
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		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c 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 authorizing 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	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	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 on 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 on 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		
0a	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 line 10h below	10a	l	I

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

Doou	The second of th			_
	t W Supporting Opening the sections (sections d)	4		Page 5
Pai	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			I
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations	<u></u>		
			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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described on line 2, above, 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			
Cast	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	(ctions)		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	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		
	en no eapported diganizations. In Too, december in Tark Ville too played by the diganization in the regard.		/Farm (200) 2000

Schedule A (Form 990) 2022 Long Island Track & Field Inc 11-3481674 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>Organizat</u>	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 1	970 (explain in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organization	s must comp	ete Sections A through E	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1 1		
2	Enter 0.85 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-functionally integri		supporting organization	

Schedule A (Form 990) 2022

(see instructions).

Schedu Part	le A (Form 990) 2022 Long Island Track		11-34	81	674 Page 7
Pari	Type III Non-Functionally Integrated 509(a)(3) S	supporting Organiza	tions (continuea)	-	
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	1			
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				

Schedule A (Form 990) 2022

c Excess from 2020d Excess from 2021e Excess from 2022

Schedule A (For	rm 990) 2022	Long	Island	Track 8	Field	Inc	11-3481674	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F	/, Section A Part IV, Sec /, line 1; Pa	, lines 1, 2, tion C, line rt V, Sectio	3b, 3c, 4b, 4 1; Part IV, S n B, line 1e;	4c, 5a, 6, 9a ection D, lir Part V, Sec	a, 9b, 9c, 11a, 1 nes 2 and 3; Pa ction D, lines 5,	0; Part II, line 17a or 1b, and 11c; Part IV, rt IV, Section E, lines 6, and 8; and Part V, structions.)	Section 1c, 2a, 2b,
						•		
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DAA Schedule A (Form 990) 2022

SCHEDULE 0 (Form 990)

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Long Island Track &		11-3481674		
Form 990-EZ, Part I, Line 16 -	Other Exp	enses		
Description		Amount		
Expenses				
Office expense	\$	119		
Insurance	\$	729		
Race Walkers	\$	5,526		
Track and Field	\$	9,578		
Officials Expenses	\$	10,936		
Long Distance Running	\$	1,184		
	Total \$	28,072		
Fefundable advance - PPP Loan Payroll taxes payable				
Form 990-EZ, Part III - Primar				
Long Island Track & Field Inc.	is the go	verning body	of track & fie	ld,
cross country, long distance r	unning and	race walking	in Nassau and	Suffolk
Counties. These programs are	designed f	or athletes o	f all ages and	all
abilities and provide training	and frien	dly competition	on as well as	
opportunities for involvement	in coachin	g and officia	ting.	
Form 990-EZ, Part III, Line 31	- All Oth	er Accomplish	ment	

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11-3481674

Federal Statements

FYE: 12/31/2022

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
Sanction fees	\$ 86
Total	\$ 86

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11-3481674

Federal Statements

FYE: 12/31/2022

Schedule A, Part III, Line 1(e)

Description	Amount
PPP Grant- Forgiven Other SIMONS FOUNDATION	\$ 4,900 10,000
Cash Contribution ALL ROUND FOODS BAKERY PRODUCTS, INC	5,500
Cash Contribution	5,000
Total	\$ 25,400

Schedule A, Part III, Line 2(e)

Description	Amount
Long Distance Running	\$ 14,540
Race walk	3 , 557
Track and Field	5,491
USATF Payments	30,496
Sanction fees	86
Total	\$ 54,170