# **FEDERAL RETURN**





March 14, 2021

Key West Track & Field Club Inc 714 Southard St Key West, FL 33040-0000

Key West Track & Field Club Inc:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by June 15, 2021.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Carr, Riggs & Ingram, LLC

## TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

December 31, 2020

#### **Prepared For:**

Key West Track & Field Club Inc 714 Southard St Key West, FL 33040-0000

#### **Prepared By:**

Carr, Riggs & Ingram, LLC Two Riverway, 15th Floor Houston, TX 77056

#### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Not applicable

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by June 15, 2021

Form <b>990</b>
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Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



A For the 2020 calendar year, or tax year beginning and ending								
B c	Check if applicable: C Name of organization			D Employer identification number				
	Addre	KEY WEST TRACK & FIELD CLUB INC						
	Name			82-51201	06			
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final returr	714 SOUTHARD ST		512-470-8	8076			
	termi ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	25,331.			
	Amer	KEI WESI, FL 33040-0000		H(a) Is this a group re				
	Appli tion pend	F Name and address of principal officer: SIEVE HANES		for subordinates	? Yes 🔀 No			
	-	/14 SOUTHARD ST, KEY WEST, FL 33040		<b>H(b)</b> Are all subordinates in	cluded? Yes No			
		xempt status: $X$ 501(c)(3)       501(c) (       )       (insert no.)       4947(a)(1) (	or 527	1 '	list. See instructions			
_		ite: ► KWTFC.ORG		H(c) Group exemption				
	orm o	f organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year	of formation: 2018  N	I State of legal domicile: <b>FL</b>			
Гс			ATCE M					
e	1	Briefly describe the organization's mission or most significant activities: TO RI HIGH SCHOOL TRACK TEAM AND SUPPORT TRACK	AND FT	TRID IN THE	LOWFR			
Jan	2	Check this box						
veri	3	-			3			
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			3			
ა ა	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0			
itie	6	Total number of volunteers (estimate if necessary)			60			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		18,804.	25,319.			
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5.	12.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,809.	25,331.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,140.	11,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.			
EXE		Total fundraising expenses (Part IX, column (D), line 25)         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,305.	6,455.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,445.	17,455.			
	19	Revenue less expenses. Subtract line 18 from line 12		-1,636.	7,876.			
or				ginning of Current Year	End of Year			
Assets ( Balanc	20	Total assets (Part X, line 16)		7,299.	24,775.			
Ass	21	Total liabilities (Part X, line 26)		0.	9,600.			
-Ind	22	Net assets or fund balances. Subtract line 21 from line 20		7,299.	15,175.			
Pa		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	Signature of officer	Date				
Here	STEVE HANES, PRESIDENT					
	Type or print name and title       Print/Type preparer's name     Preparer's signature	Date Check PTIN				
Paid	GEORGE HAWKINS GEORGE HAWKINS	03/14/21 self-employed P00117478				
Preparer	Firm's name 🕨 CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ 72-1396621				
Use Only	Firm's address TWO RIVERWAY, 15TH FLOOR					
	HOUSTON, TX 77056	Phone no. 713-621-8090				
May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2020)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) KEY WE t III   Statement of Program S	ST TRACK & FIELD CLUB I ervice Accomplishments	INC 82-5120106 P
		•	
	Briefly describe the organization's miss	sion:	L TRACK TEAM AND SUPPORT
	TRACK AND FIELD IN		
		nificant program services during the year whit	
		, or make significant changes in how it condu	icts, any program services?Yes X
	Describe the organization's program s	ervice accomplishments for each of its three la ations are required to report the amount of gr	argest program services, as measured by expenses. ants and allocations to others, the total expenses, and
a	(Code: ) (Expenses \$		11,000.) (Revenue \$
		THE KEY WEST HIGH SCHOO	L TRACK TEAM AND SUPPORT
	TRACK AND FIELD IN '	THE LOWER KEYS.	
)	(Code:) (Expenses \$	including grants of \$	) (Revenue \$
;	(Code:) (Expenses \$	including grants of \$	) (Revenue \$
d	Other program services (Describe on S (Expenses \$	Schedule O.) including grants of \$	) (Revenue \$ )
_		13,724.	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	~		x
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ţ	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(0000)
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 KEY WEST TRACK & FIELD CLUB INC
 82-5120106
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

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00	Did the exception report more than \$5,000 of grants or other excitance to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a 1a 0</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b 0</b>			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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<sup>2020.03000</sup> KEY WEST TRACK & FIELD CL 94-02231

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		<u> </u>
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.6		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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Form **990** (2020)

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#### KEY WEST TRACK & FIELD CLUB INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	vonuo	Code )			
		venue	0000.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
~		•	, annatoo,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 50101		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			120		
C		,		12c		
12	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	х	
13 14				14	- 23	x
14 15	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approval		dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0		х
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		111			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			4.5		v
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	)-T (Section 501(c)(3	s)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest policy, ar	nd finano	cial	
	statements available to the public during the tax year.					
20		ks an	d records 🕨			
	714 SOUTHARD ST, KEY WEST, FL 33040					
32006	0 12-23-20			Form	990	(2020
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's boo <u>THE ORGANIZATION - 512-470-8076</u> 714 SOUTHARD ST, KEY WEST, FL 33040	oks and	d records	Form	990	(

Form	990	(2020)
	330	(2020)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	uster			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	nal ti		loyee	d mos				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	e Hig	For			
(1) STEVE HANES	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) CAROLINE BAUER	0.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) DONNA BOOKOUT	1.00									
SECRETARY/TREASURER		х		х				0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
032007 12-23-20										Form 990 (2020)

	990 (2020) KEY WEST	' TRACK &	: F	ΊE	LD	) C	LU	B	INC	82-51	201	L06	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Es	timate	ed
		hours per					than c s both		compensation	compensation	1	an	nount	of
		week	officer and a direct		irecto			from	from related			other		
		(list any	ctor						the	organizations		com	pensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fr	om the	Э
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizati	ion
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						d relate	
		below	vidua	itutio	Officer	emp	hest i oloye	Former				orga	anizatio	ons
		line)	Indi	Inst	Offi	Key	Hig em	For			$ \rightarrow $			
			1											
											$\rightarrow$			
			i											
											$\rightarrow$			
											$\rightarrow$			
		_									$ \rightarrow $			
			1											
											-+			
									0					
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)				<u></u>				0.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former office	r, director, trust	ee, k	ev e	empl	ove	e, or	hiq	hest compensated emp	loyee on	[			
	line 1a? If "Yes," complete Schedule J for			-		-		-		•		3		Х
4	For any individual listed on line 1a, is the s										F	-		
•	and related organizations greater than \$15										- 1	4		х
5											····	-		
5	Did any person listed on line 1a receive or										- 1	-		Х
<u> </u>	rendered to the organization? If "Yes." col	<u>mplete Schedule</u>	e J fo	or su	ich i	oers	on .				<u>  </u>	5		Δ
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							•	ensati	ion fro	om	
	the organization. Report compensation for	r the calendar ye	ear e	ndin	ig w	ith c	or wit	hin	the organization's tax y	ear.				
	(A)								(B)			(0		
	Name and busines	s address	NC	ONE	2				Description of s	ervices	C	ompe	nsatio	า
								+						
2	Total number of independent contractors	(including but no	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than				
_	\$100,000 of compensation from the organ	iization 🕨				0	)	_						
												-	aan "	

032008 12-23-20

					TRAC	K & FIELD	CLUB INC		82-5120	106 Page <b>9</b>
Pa	rt V	<u>/</u>								
			Check if Schedule O	contains a	response	or note to any line			(C)	
							(A) Total revenue	(B) Related or exempt	Unrelated	<b>(D)</b> Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
ts is	1	а	Federated campaigns		1a					
un <sup>†</sup>					1b					
D B			Fundraising events		1c					
fts,			Related organizations		1d					
, Gi			Government grants (contr		1e					
Sins					le					
utio		I	All other contributions, gifts,			25,319.				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included		1f	23,319.				
ont		-	Noncash contributions included in		1g \$		25 210			
<u>a Č</u>		h	Total. Add lines 1a-1f	<u></u>			25,319.			
						Business Code				
e	2	а								
e vi		b								
am Ser evenue		с								
am		d								
Program Service Revenue		е								
Ţ		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)				12.			12.
	4		Income from investment of							
	5		Royalties							
				(i)	) Real	(ii) Personal				
	6	~	Gross rents	6a	)	(				
	-			6b		<u> </u>				
		b	Less: rental expenses			<u> </u>				
			Rental income or (loss)	6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
anu			and sales expenses							
evenue			Gain or (loss)	7c						
		d	Net gain or (loss)		·····	►				
Other R	8	а	Gross income from fundraising	ng events (n	lot					
đ			including \$		of					
			contributions reported on	line 1c). Se	ee					
			Part IV, line 18		8a					
		b	Less: direct expenses							
			Net income or (loss) from							
	9		Gross income from gamin							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from			►				
			Gross sales of inventory, I							
	10	ü	and allowances							
		h								
			Less: cost of goods sold							
		C	Net income or (loss) from	sales of INV	entory					
sr						Business Code				
eor	11									
lan		b				<b>├</b> ──── <b>│</b>				
Sev.		С				<b>├</b> ──── <b>↓</b>				
Miscellaneous Revenue			All other revenue							
-		е	Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons		►	25,331.	0.	0.	12.
03200	9 12-	23-3	20							Form <b>990</b> (2020)

9

KEY WEST TRACK & FIELD CLUB INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	Check il Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,000.	11,000.		
2	Grants and other assistance to domestic	•			
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,621.		2,621.	
12	Advertising and promotion	2,821.	2,724.	2,021.	
13	Office expenses	2,/24.	2,/24.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	800.		800.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FEES	310.		310.	
a b		510.		510.	
с с					
d					
	All other expenses	17 /55	10 704	2 7 2 1	0.
25	Total functional expenses. Add lines 1 through 24e	17,455.	13,724.	3,731.	U .
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				- 000 (1111)

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Form 990 (2020)

10160314 794202 94-02232.003

33

Total liabilities and net assets/fund balances

7,299.

33

KEY	WEST	TRACK	&	FIELD	CLUB	INC
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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 4,935. 23,441. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 2,364. 1,334 Other assets. See Part IV, line 11 15 15 7,299. 24.775 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 25 9,600. of Schedule D 0. 9,600. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🔀 and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 7,299. 15,175. 31 Retained earnings, endowment, accumulated income, or other funds 31 15,175. 7,299. Total net assets or fund balances 32 32

Part X

2020	)	LUI
Ba	ance Sheet	

24,775. Form **990** (2020)

	1990 (2020) KEY WEST TRACK & FIELD CLUB INC	82-512	0106	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,2	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	5,1	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Earm	44()/	(2020)

Form **990** (2020)

SCH	EDU	LE A
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(	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.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
loyer	identification number

		of the Treasury nue Service		<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection
Nan	ne of	the organizati		- do to www.ii3.got			ie latest li		Employer	identification number
				WEST TRACK	& FIELD CLU	S TNC				2-5120106
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	2 3120100
					For lines 1 through 12, cl					
1			-		n of churches described	-		()(A)(i)		
2	H				Attach Schedule E (Form			•,\~,\')•		
3	H				anization described in se			ii)		
4	H	-	-					-	Viii) Enter	the hospital's name
4	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:									
5		•		or the benefit of a col	llege or university owned	or operat	ed by a go	vernmentalu	nit describe	ad in
5					lege of university owned	or operat	eu by a ge	veninentaru		
6	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).									
6 7	X		-	-						while described in
'	21	-		-	ntial part of its support fr	on a gove	ennentai		le general p	
0		-		complete Part II.)	(1)(A)();) (Complete Day					
8 9	$\square$	-			( <b>1)(A)(vi).</b> (Complete Partice, <b>170</b> (b)(1)( <b>1</b> )( <b>A</b> )(		od in ooniu	notion with a	land grant	collogo
9		-	-		in section 170(b)(1)(A)(i ulture (see instructions).				-	-
			or a non-land-t	grant college of agric			name, city	, and state of	the college	
10		university:	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ne momborek	in food and	d gross receipts from
10					t to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)			sses acqui		jai lization a	
11					vely to test for public sat	atv Saa	section 5(	10(2)(4)		
12	H	-	-	-	vely for the benefit of, to	•			rny out the	nurnoses of one or
12		-	-	-	d in section 509(a)(1) o				•	
				-	f supporting organization					
а		-	-	• •	upervised, or controlled		-		-	aivina
u				-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se		majonty c				pporting
b		¬ ~		-	or controlled in connect	ion with it	s sunnorte	nd organizatio	n(s) by bay	vina
Ň				-	anization vested in the sa			-		•
			-	at complete Part IV,		ine perso	113 11121 00		ge the supp	Joned
с		¬ ~		-	g organization operated	in connect	tion with a	and functional	llv integrate	od with
Ŭ			-		). You must complete I				iy intograte	a with,
d		<b>-</b>	•		oorting organization oper				ted organiz	zation(s)
ŭ			-		ation generally must sat				-	
			-		nplete Part IV, Sections	•		-		
е		_			written determination from				II. Type III	
-			0		nally integrated supporti			.)pe., .)pe	., . , pe	
f	Ente		of supported of							
q			••	n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
					1	1	1	1		1

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

## Schedule A (Form 990 or 990-EZ) 2020 KEY WEST TRACK & FIELD CLUB INC Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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	ction A. Public Support		-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) 1	Fotal
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")			36,584.	28,944.	36,319.	101	<u>,847.</u>
2	Tax revenues levied for the organ-							
	ization'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			26 594	20 011	26 210	101	017
	Total. Add lines 1 through 3			36,584.	28,944.	36,319.	TOT	<u>,847.</u>
5	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,							
							29	,064.
6	Column (f) Public support. Subtract line 5 from line 4.						72	,783.
	tion B. Total Support						72	, 105.
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) ]	Fotal
	Amounts from line 4	(4) 2010	(6)2017	36,584.	28,944.	36,319.		,847.
	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						101	<u>,847.</u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	vear as a section 5	01(c)(3)		
_	organization, check this box and stop							► X
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2020 (I			.,,		14		%
	Public support percentage from 2019					15		%
16a	33 1/3% support test - 2020. If the c							
	stop here. The organization qualifies		-					
b	<b>33 1/3% support test - 2019.</b> If the c							
47.	and <b>stop here.</b> The organization qual							
1/a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts			-	conization	-		
h	meets the facts-and-circumstances te	•	•	,	•	7a and line 15 is :		
D D	<b>10% -facts-and-circumstances test</b> more, and if the organization meets th	-					1070 UI	
	organization meets the facts-and-circu							
18	Private foundation. If the organization		-		•••••		•••••	
			, , , , , , , , , , , , , , , , ,	,,,		edule A (Form 990		EZ) 2020

032022 01-25-21

#### Schedule A (Form 990 or 990-EZ) 2020 KEY WEST TRACK & FIELD CLUB INC 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	tion A. Public Support				1		_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	ļ					
6	Total. Add lines 1 through 5						
7a	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in 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.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
							<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage			1 1	
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box ar						▶□]
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	3 01-25-21		1 5	:	Sch	edule A (Form 99	90 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in 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.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- c 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.
- **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.
- **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.*
- **c** 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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in 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.
- **10a** 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 10b below.*
- **b** 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.)

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Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 KEY WEST TRACK & FIELD CLUB INC

			U Pa	age 5
ra	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	uon B. Type i Supporting Organizations		1	
			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 <b>Part VI</b> 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,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	uon D. Ali Type III Supporting Organizations		r –	
			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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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			
0	supported organizations played in this regard.	3		
Sec	tion 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 instruction	ıs).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		
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		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement			

- b Did the activities described in 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.** 

**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.* 

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Schedule A (Form 990 or 990-EZ) 2020

2b

3a

Зb

10160314 794202 94-02232.003

Part V Type II				
Schedule A (Form 990				

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on 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		
Secti	on 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		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	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		
	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-functional	lly integrator		pization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990-EZ) 2020 KEY WEST TRACK & FIELD CLUB INC

Par	t V   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	1		
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

V, Section A, lines 1	mation. P , 2, 3b, 3c, 4 lines 2 and 3	rovide the ex b, 4c, 5a, 6, ; Part IV, Se	kplanations i 9a, 9b, 9c, <sup>-</sup> ction E, lines	required by P 11a, 11b, and s 1c, 2a, 2b, 3	art II, line 10; P 11c; Part IV, S 8a, and 3b; Par	ection B, lines 1 t V, line 1; Part V	82-5120106 r 17b; Part III, line 12; I and 2; Part IV, Section V, Section B, line 1e; Pa nal information.	۱C,
_								Schedule A (Form 990 or 990

## Schedule A

## Identification of Excess Contributions Included on Part II, Line 5

82-5120106

2020

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
EY WEST HIGH SCHOOL	31,101.	29,064
otal Excess Contributions to Schedule A, Part II, Line 5		29,064

SCHEDU	LE D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

10160314 794202 94-02232.003

KEY WEST TRACK & FIELD CLUB INC Adviso Maintaining ~ ~ ~ ~ ~ ~ ~  Employer identification number 82-5120106

Par	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Funds	s or Ac	count	S. Complete if	the
	organization answered "Yes" on Form 990, Part IV, line					
	_	(a) Donor advised funds	(	<b>b)</b> Funds	s and other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed func	ds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	No
Par		anization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizatio					
	Preservation of land for public use (for example, recreat		of a histo	orically in	nportant land ar	ea
	Protection of natural habitat	, Preservation of		•	-	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a cor	nservatio	on easement on	the last
-	day of the tax year.		101 0 001		leld at the End of	
а	Total number of conservation easements			2a		Ino rux rour
h				2b		
0	Number of conservation easements on a certified historic stru	cture included in (2)		20 2c		
	Number of conservation easements included in (c) acquired at			20		
u				2d		
2	listed in the National Register Number of conservation easements modified, transferred, rele			<u> </u>	uring the tex	
3		ased, extinguished, or terminated by the	e organi.	Zation ut	uning the tax	
	year ►	annand in ta and at 🔊				
4	Number of states where property subject to conservation ease		-			
5	Does the organization have a written policy regarding the peri-					
•	violations, and enforcement of the conservation easements it				Yes	└ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	iservatio	n easem	ients during the	year
_	▶					
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation eas	sements	during the year	
	► \$		<i></i>	(1)		
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?				Yes	└── No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents tha	at describ	bes the	
Dor	organization's accounting for conservation easements.	Art Historical Tracquires or O	thar 6	imilor	Acceta	
Fai	t III Organizations Maintaining Collections of		ther 5	iiiiiar i	A55615.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	· ·				
	of art, historical treasures, or other similar assets held for publ			nce of pu	Iblic	
	service, provide in Part XIII the text of the footnote to its finance					
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance	e sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	of publi	c service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, p	orovide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
	Assets included in Form 990, Part X			▶ \$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		S	chedule D (For	m 990) 2020
032051	12-01-20					
		22				

Sche		T TRACK &						82-51			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	t make sig	gnificant u	ise of its		,	
	collection items (check all that apply):										
а	Public exhibition	(	d 🗌	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" on I	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						:v?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		
Par							0.				
	·····	(a) Current year		Prior year	(c) Two yea		( <b>d)</b> Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance									<u>,</u>	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū											
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr		e (line 1	a column (a	)) held as:						
-	Board designated or quasi-endowment		% (iiiic i	g, oolanni (a	<i>//</i> 11010 005.						
b	Permanent endowment										
		%									
U	The percentages on lines 2a, 2b, and 2c sho	· -									
30	Are there endowment funds not in the posse		ation th	at are held ar	nd administer	red for the	organiza	tion			
Ja				at are neiù ai			e organiza		Г	Yes	No
	by: (i) Unrelated organizations								3a(i)	165	
									3a(ii)	_	
b	(ii) Related organizations										
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		witterit	iunus.							
	Complete if the organization answere		0 Part l	V line 11a S	See Form 990	) Part X I	ine 10				
	Description of property	(a) Cost or d			t or other		cumulate	d	(d) Book	volu	
	Description of property	basis (investi			(other)		reciation	u	( <b>u</b> ) DOOR	value	e
10	Land	· · · · ·		54013			Solution				
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other				2						0.
iotal	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X. colui	<u>тп (В), line 1</u>	UC.)		<u></u> .		D (F	000	-
							:	Schedule	Form) ש	99O)	2020

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(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total.	(Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part	IX Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1)	00000 300000	•		1,334.
(2)				
(3)				
(4)				
( <del>-</del> ) (5)				
(6)				
(7)				
(8)				
<u>(9)</u>			•	1,334.
Part	(Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	<u>e 15.)</u>		T, JJ4.
I UI		on Form 000 Dort IV line	110 or 11f Coo Form 000 Dort V line (	)E
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Fart IV, line	The of Thi. See Forth 990, Part A, line 2	(b) Book value
<u>1.</u>				
	Federal income taxes			9,600.
(2)	SBA LOAN			9,000.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
				1
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line ability for uncertain tax positions. In Part XIII, provide			9,600.

## Schedule D (Form 990) 2020 KEY WEST TRACK & FIELD CLUB INC

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

(1) Financial derivatives(2) Closely held equity interests

(3) Other

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(c) Method of valuation: Cost or end-of-year market value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... \_\_\_\_\_ Schedule D (Form 990) 2020

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	dule D (Form 990) 2020 KEY WEST TRACK & FIELD CL		82-5120106 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Staten		ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<b>2</b> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.					OMB No. 1545-0047	
Department of the Treasury     Attach to Form 990.       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.					Open to Public Inspection		
Name of the organization KEY WEST	TRACK & F	IELD CLUB II	NC				Employer identification number 82-5120106
Part I General Information on Grants							
<ol> <li>Does the organization maintain records criteria used to award the grants or as</li> <li>Describe in Part IV the organization's p</li> </ol>	sistance?						
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more that	n \$5,000. Part II can	be duplicated if addition	onal space is need	ed.		•	-
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KEY WEST HIGH SCHOOL 2100 FLAGLER AVE							
KEY WEST, FL 33040	59-6000750		0.	11,000.			RAISED POLE VAULT RUNWAY
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>	ons listed in the line 1	table					

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### Schedule I (Form 990) 2020 KEY WEST TRACK & FIELD CLUB INC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION REVIEWS THE GRANT ACTIVITIES. THE ORGANIZATION ALSO

PROVIDES OVERSIGHT TO ENSURE THAT GRANT FUNDS ARE SPENT IN ACCORDANCE WITH

THE AGREED UPON STIPULATIONS.

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.



KEY WEST TRACK & FIELD CLUB INC

82-5120106

#### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KEYS.

FORM 990, PART VI, SECTION B, LINE 11B:

KEY WEST TRACK & FIELD CLUB, INC. SHALL SUBMIT THE FORM 990 TO ITS BOARD OF

DIRECTORS PRIOR TO THE FILING OF THE FORM 990. WHILE NEITHER THE APPROVAL

OF THE FORM 990 OR A REVIEW OF THE 990 IS REQUIRED UNDER FEDERAL LAW, THE

CORPORATION'S FORM 990 SHALL BE SUBMITTED TO EACH MEMBER OF THE BOARD OF

DIRECTOR'S VIA HARD COPY OR EMAIL AT LEAST TEN (10) DAYS BEFORE THE FORM

990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

INC. SHALL MAKE "WIDELY AVAILABLE" THE KEY WEST TRACK & FIELD CLUB,

AFOREMENTIONED DOCUMENTS ON ITS INTERNET WEBSITE TO BE VIEWED AND INSPECTED

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BY THE GENERAL PUBLIC.

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Schedule O (Form 990 or 990-EZ) 2020