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832171 12-17-08

.Form **990-EZ** Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form OMB No 1545-1150

Open to Public Inspection

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2008 calendar year, or tax year beginning DEC 1, 2008 and ending 2009 NOV 30, Check if D Employer identification number Name of organization Please applicable CORNBELT RUNNING CLUB iabel or Name change 93-0708918 ROAD RUNNERS CLUB OF AMERICA brint or type. E Telephone number Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite Specific 315 E GEORGE WASHINGTON BLVD Termin-563-359-9197 Instruc-Amende tions City or town, state or country, and ZIP + 4 F Group Exemption Number ► 2702 DAVENPORT, IA 52803 G Accounting method X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.CORNBELT.ORG H Check ▶ L if the organization is not Organization type (check only one)— X = 501(c)(3) (insert no.) 4947(a)(1) or ___ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 249,709. 1 Contributions, gifts, grants, and similar amounts received 618,319. 2 2 Program service revenue including government fees and contracts 15,472. Membership dues and assessments 407. 4 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions 22,812. reported on line 1) **b** Less direct expenses other than fundraising expenses 8,837. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с Gross sales of inventory, less returns and allowances 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7¢ 8,538. SEE STATEMENT 3 8 Other revenue (describe 901,282. 9 g Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 2,121. STMT 10 Grants and similar amounts paid (attach schedule) 10 11 11 12 12 3,300. Professional fees and other payments to independent contra 13 ctors 13 6,202. SEE STATEMENT 5 14 Occupancy, rent, utilities; and maintenafte 2010 14 49,783. Printing, publications postage, and shipping 15 15 722,044. SEE STATEMENT 1 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 783,450. 17 17 117,832. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 428,322. 19 (must agree with end-of-year figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 546,154. Net assets or fund balances at end of year Combine lines 18 through 20 21 If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ Balance Sheets. (See the instructions for Part II.) (B) End of year (A) Beginning of year 461,934. Cash, savings, and investments 372,157. 22 22 57,873. 23 82,837. 23 Land and buildings 1,383. SEE STATEMENT -610.24 24 Other assets (describe 429,420.25 546,154. 25 Total assets Total liabilities (describe ► CREDIT CARD 1,098. 26 26 546,154 428,322 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

CODMORT BUNDANC CLUD					
CORNBELT RUNNING CLUB Form 990-EZ (2008) ROAD RUNNERS CLUB OF AMER	TCA		0.2_0	07089	1 O Daga 2
Form 990-EZ (2008) ROAD RUNNERS CLUB OF AMER Part III Statement of Program Service Accomplishmen		Port III \	93-0		
		rail III)	. —		(penses for 501(c)(3)
What is the organization's primary exempt purpose? SEE STATEMENT				and (4) or	ganizations and
Describe what was achieved in carrying out the organization's exempt purposes in a provided, the number of persons benefited, or other relevant information for each pr		escribe the services		4947(a)(1 for others) trusts, optional
28 CLUB-PROMOTE RUNNING TO ALL AGES &		THROUGH		101 0111013	'
MONTHLY NEWSLETTER & PROMOTIONAL EV					
	PROX 1,281 CL		$\frac{1}{s}$		
(Grants \$) If this amount includes foreign g		<u>ob member</u>		28a	81,380.
29 RACES-PROMOTE RUNNING TO ALL AGES &			 //	204	01,300.
ORGANIZING & STAGING VARIOUS TRACK		БТ			
OKGANIZING & DIAGING VAKIOOD IKACK	a NOAD IMCED.				
(Grants \$) If this amount includes foreign g	urante chack hara			29a	685,620.
30	rants, check here		<u> </u>	-50	003/0201
					
(Grants \$) If this amount includes foreign g	irants check here	•		30a	
31 Other program services (attach schedule)	pants, check here		<u> </u>	700	
(Grants \$) If this amount includes foreign g	irants check here			31a	
32 Total program service expenses (add lines 28a through 31a)	ranto, oriook noro			32	767,000.
Part IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ex	ren if not compensated			
			1	ntributions	
(a) Norman and address	(b) Title and average hours	(c) Compensation	to en	nployee	(e) Expense
(a) Name and address	per week devoted to position	(If not paid, enter -0)		t plans & ferred	account and other allowances
	position	90,		ensation	other allowances
TERRY FOWLER, 4327 ROYAL OAKS DRIVE,	TREASURER				
DAVENPORT, IA 52806	10.00	0.		0.	0.
	DIRECTOR				
MILAN, IL 61264	20.00	0.		0.	0.
	DIRECTOR				
MOLINE, IL 61265	10.00	0.	1	0.	0.
	DIRECTOR				
MUSCATINE, IA 52761	10.00	0.		0.	0.
	DIRECTOR				
818 EAST 3RD AVENUE, MILAN, IL 61264	10.00	0.	ļ	0.	0.
	SECRETARY				
424 11TH STREET, DEWITT, IA 52742	10.00	0.		0.	0.
	DIRECTOR				
WASHINGTON BLVD, DAVENPORT, IA 52803		0.		0.	0.
	DIRECTOR				
2890 ELK COURT, BETTENDORF, IA 52722	5.00	0.		0.	0.
	PRESIDENT				
STREET, DAVENPORT, IA 52806	15.00	0.		0.	0.
	VICE PRESIDEN				
203 EAST DENISON, DAVENPORT, IA 52803		0.		0.	0.
	DIRECTOR	-			
BETTENDORF, IA 52722	10.00	0.		0.	0.
					
	1				
			·		

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Page 3

Pa	art V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	_33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a	X	<u></u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_[
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 . 39a N/A]		
b	Gross receipts, included on line 9, for public use of club facilities	_[
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► ; section 4912 ► ; section 4955 ► O .			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			1
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed NONE	100	300	
42 a	The books are in care of ► TERRY FOWLER Telephone no ► (563) 3			9
		5280		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	425	Yes	No X
	account)?	42b		
	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		42c	1	x
G	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		<u> </u>
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43		N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	11/17	•	
			Yas	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.03	1.10
. •	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	ļ		
	completed instead of Form 990-EZ	45		X
			90-EZ	(2008)

Form 990-EZ (2008)

46	tables for lines 50 and 51.	on habelf of ar in apposition to			TV.	s No
46	Did the organization engage in direct or indirect political campaign activities office? If "Yes," complete Schedule C, Part I	s on benan or or in opposition to t	candidates for public	·	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Sci			· · ·	47	$\frac{X}{X}$
48	Is the organization operating a school as described in section 170(b)(1)(A)		 Ne F	·	48	$\frac{x}{x}$
	Did the organization make any transfers to an exempt non-charitable relate		ule L		49a	$\frac{x}{x}$
	If "Yes," was the related organization(s) a section 527 organization?	o organization:	• •	· ·	49b	- ^
50 50	Complete this table for the five highest compensated employees (other tha	n officers, directors, trustees and	kev employees) who	• • •		100.000
	of compensation from the organization. If there is none, enter "None"				,	
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) E	kpense int and lowances
Total	number of other employees paid over \$100,000					
51	Complete this table for the five highest compensated independent contract is none, enter "None." $NONE$	ors who each received more than	\$100,000 of compe	nsation from the c	rganizatio	n If there
	(a) Name and address of each independent contractor paid mo	e than \$100,000	(b) Type of se	rvice (c	Compen	sation
Tota	number of other independent contractors each receiving over \$100,000	>				
Sigr Her		accompanying schedules and statemer	ns, and to the best of m	Date Date	010	
	arer's Manual Anne	Date 03/29/10 Che		parer's Identifying Nu	mber (See	nstr)
Use	Firm's name (or yours DOYLL) & REENAN, P.C.		EIN I	<u> </u>		
	if self-employed), address and ZIP+4 DAVENDORT TA 52806-5	826	Phon		886-2	727
Mari	if self-employed), address, and ZIP+4 DAVENPORT, IA 52806-5 the IRS discuss this return with the preparer shown above? See instruction		Phon no.	(563)3	886-2 Yes	727 No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization CORNBELT RUNNING CLUB **Employer identification number** 93-0708918 ROAD RUNNERS CLUB OF AMERICA Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ____ Type I **b** Type II c Type III - Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization in col organization in col (i) listed in your organization in col (i) organized in the US? organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section No Yes Yes Yes (see instructions))

832021 12-17-08

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

93-0708918 Page 3 Schedule A (Form 990 or 990-EZ) 2008 ROAD RUNNERS CLUB OF AMERICA Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 282,833. 284,760. 265,181 1368373. 267,401 268,198. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 494,784. 461,084. 478,694. 511,732. 618,319. 2564613. organization's tax-exempt purpose 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 728,485. 746,892. 794,565. 779,544. 883,500. 3932986. 6 Total. Add lines 1 - 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 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 3932986. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006 (e) 2008 (b) 2005(d) 2007 (a) 2004 (f) Total 728,485 746,892 794,565. 779,544 883,500 3932986. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 234 407 463 7,267. 1,329 9,700. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 234. 463. 7,267. 1,329 407 9,700. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital 4,016. 3,847. 2,723. 3,175. 8,538. 22,299. assets (Explain in Part IV.) 3964985 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.19 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 % 99.30 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage .24 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % .27 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 <u>%</u> 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization CORNBELT RUNNING CLUB

Inspection Employer identification number

	NNERS CLUB OF AMER				93-0708	918
Part I Fundraising Activities.	Complete if the organization answer	ered "\	es" to	Form 990, Part IV, I	ine 17.	
1 Indicate whether the organization rais	sed funds through any of the following	ng actr	/ities.	Check all that apply.	•	
a Mail solicitations	e Solicita	tion of	non-g	overnment grants		
b Email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicitations	g 🗀 Special	fundra	ısıng (events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, P.						☐ No
b If "Yes," list the ten highest paid indi						be
compensated at least \$5,000 by the						
(i) Name of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid
or entity (fundralser)	(ii) Activity	I have co	ıstodv	from activity	to (or retained by) fundraiser	to (or retained by)
, (,		or con	troi of itions?	,	listed in col. (i)	organization
		Yes	No			
			-			
					-	
						
Total	_					
3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	empt from registrati	on or licensing.
	<u> </u>	-				
					<u> </u>	
	····					
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ctions	for F	orm 990. S	Schedule G (Form 9	90 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 ROAD RUNNERS CLUB OF AMERICA 93-0708918 Pace Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

93-0708918 Page 2

		on Form 990-EZ, line 6a. List events with						
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Tot	al Even	ts
					NONE	(Add col.		
			BIX 7 EXPO (event type)	(event type)	(total number)	_ co	l. (c))	
e n			(event type)	(event type)	(total number)	_		
Revenue	1	Gross receipts	22,812.			:	22,8	12.
	2	Less: Charitable contributions .						
	3	Gross revenue (line 1 minus line 2)	22,812.			:	22,8	<u>12.</u>
	4	Cash prizes						
nses	5	Non-cash prizes .						
Direct Expenses	6	Rent/facility costs .			_			
Direc	7	Other direct expenses	13,975.			:	13,9	<u>75.</u>
i	8	Direct expense summary. Add lines 4 through	h 7 ın column (d)		. •		13,9	<u>75.</u>
	9	Net income summary. Combine lines 3 and 8	ın column (d)		•		8,8	37.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than			
		\$15,000 on Form 990-EZ, line 6a.	,	# N D. IIA-b - # A A		1 (D T - 4 - 1 -		<u> </u>
enu			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (
Revenue						1		
Œ	1	Gross revenue						
S	2	Cash prizes						
ense								
Š	3	Non-cash prizes				 		
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	□ No	□ No	☐ No			••••
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	(
	8	Net gaming income summary. Combine lines	1 and 7 in column (d)		•			
			**		<u> </u>		Yes	No
9	Ent	ter the state(s) in which the organization opera	ites gaming activities: _					
		he organization licensed to operate gaming ac	ctivities in each of these :	states?	•	9a		
b	If "	No," Explain:						
	_			<u> </u>				
		ere any of the organization's gaming licenses re Yes," Explain:	evoked, suspended or te	rminated during the tax	year?	. 10a		
	_							
11	Do	es the organization operate gaming activities v	with nonmembers?			. 11	ļ	
12		he organization a grantor, beneficiary or truste	ee of a trust or a member	of a partnership or othe	r entity formed to			
	adı	minister charitable gaming?			0.4.4.0.5	12		
					Schedule G (Fo	orn 990 or!	13U-EZ	2008

CORNBELT RUNNING CLUB

Schedule G (Form 990 or 990-EZ) 2008 ROAD RUNNERS CLUB OF AMERICA 93-07	<u>0891</u>	<u>8 Рг</u>	age 3
	[Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a 13a	<u>6</u>		ĺ
b An outside facility	%		į
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			İ
c If "Yes," enter name and address:			
Name ▶	_		
Address			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to	-		
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			ĺ

Schedule G (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES		STATEMENT	_1
DESCRIPTION			AMOUNT	
RACE PROMOTION			58,72	
RACE PRODUCTION			396,38	
RACE AWARDS			84,74	
MISC MEMBERSHIP COSTS				L7.
SALES TAX MISCELLANEOUS EXPENSES			41,45 72,99	
OFFICE EXPENSE			7,95	
SECURITY			3,00	
INTERNET				13.
T-SHIRTS			11,90	
BUILDING EXPENSES				26.
COST OF GOODS SOLD			15,10	
SCHOLARSHIP EXPENSES TRAVEL			4,50 22,12	
TELEPHONE			1,18	
TRAILER EXPENSE				54.
MEETINGS			1,41	12.
TOTAL TO FORM 990-EZ, LINE 16			722,04	14.
TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ	OTHER ASSETS		722,04 STATEMENT	2
FORM 990-EZ	OTHER ASSETS	BEG. OF YEAR		2
FORM 990-EZ DESCRIPTION	OTHER ASSETS		STATEMENT	2 AR
FORM 990-EZ DESCRIPTION ACCOUNTS RECEIVABLE	OTHER ASSETS	BEG. OF YEAR -610.	STATEMENT	2 AR 0.
	OTHER ASSETS	-610.	STATEMENT END OF YEA	2 AR 0.
FORM 990-EZ DESCRIPTION ACCOUNTS RECEIVABLE PREPAID POSTAGE	OTHER ASSETS OTHER REVENUE	-610. 0.	STATEMENT END OF YEA	2 AR 0. 33.
FORM 990-EZ DESCRIPTION ACCOUNTS RECEIVABLE PREPAID POSTAGE TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ		-610. 0.	STATEMENT END OF YEA 1,38	2 AR 0.
FORM 990-EZ DESCRIPTION ACCOUNTS RECEIVABLE PREPAID POSTAGE TOTAL TO FORM 990-EZ, LINE 24		-610. 0.	STATEMENT END OF YEA 1,38 1,38 STATEMENT	2 0. 33. 33.

1 990-EZ PAYMENTS TO AFFILIATES		STATEMENT	
AFFILIATE'S NAME	AFFILIATES ADDRESS		
ROAD RUNNERS CLUB OF AMERICA	ALEXANDRIA, VA		
PURPOSE OF PAYMENT		AMOUNT	
MEMBERSHIP DUES		2,1	21.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		2,1	21.
FORM 990-EZ OCCUPANCY, RENT, UTILITY	FIES AND MAINTENANCE	STATEMENT	5
DESCRIPTION		AMOUNT	
DEPRECIATION OTHER EXPENSES		4,5	
TOTAL TO FORM 990-EZ, LINE 14		6,2	02.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	6
DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[] YES [X]	NO
	ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. [] YES [X]	NO

93-0708918

990-EZ PG 2 STATEMENT 7

PROMOTE RUNNING AT ALL AGES & SKILL LEVELS