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Form 990-EZ

Department of the Treasury Internal Revenue Service

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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500 000 and total
assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2009

Open to Public Inspection

Α	For the	e 2009 calend	lar year,	or tax year beginning , a	nd en	ding			_		
В	Check if	fapplicable	Please	C Name of organization					D	Empl	oyer identification number
	Address	change	use IRS label or							0.6	2246046
-	Name c	hange	print or	RUNNING ZONE FOUNDATION INC.							<u>-3316016</u>
-	Initial re	turn	type See	Number and street (or P O box, if mail is not deliver		reet address)	Room/suite	E	-	phone number
-	Termina	ation	Specific	3680 N WICKHAM RD STE	C				<u> </u>		1-751-8890
	Amende		Instruc-	City or town, state or country, and ZIP + 4	-	2202			F		p Exemption
1_		ion pending	tions	MELBOURNE		3293		· I -		Numl	
	• Sec	tion 501(c)(3		zations and 4947(a)(1) nonexempt charitable	trusts	must atta	ich	G Account	٠.	thod	Cash X Accrual
_		. N N1 /		npleted Schedule A (Form 990 or 990-EZ).				Other (specify	T. 7	 	·
١.		te· ▶ <u>N/</u>		V 504(5) (2) 4 (5554 5)	1 404	7/->/4>	П,	H Check ► required	► [A to atta	∬ if the ach Sche	organization is not edule B (Form 990,
<u>J</u>		empt status (ch				7(a)(1) or					
K	Check	000 57 22 522		ganization is not a section 509(a)(3) supporting	•		-	•	•		re than \$25,000 A
_				turn is not required, but if the organization choose					retur	<u>m</u>	356,753
	art I			to determine gross receipts, if \$500,000 or more, file Fepenses, and Changes in Net Assets					ructi		
	1			nts, and similar amounts received	5 OI I	unu ba	iance	s (See the mat	Tucti		or Farti j
	2			enue including government fees and contracts					ł	2	356,753
		•							ł	3	330,133
	3	•		d assessments					ł	4	
	4	Investment		and of access other than inventor.		1	e-		ł	-4	
	5a			sale of assets other than inventory			5a				
วกเก	b			asis and sales expenses of assets other than inventory (Subtract line 5b from lin	o 5a\	L	5b		\dashv		
	6 6	• •		of assets other than inventory (Subtract line 3b from in-	•	e from gam	u na ch	eck here	¬ ŀ	_5c	
M. Revenue		•				•	inig, cir	eck liefe	_		
Š.	a		-	cincluding \$ of contributions							
α <u>.</u>	4	•	reported on line 1)					$\neg \neg$.		
ست خد	b						6c				
딜	72			tory, less returns and allowances	OD II OI	- Í	72		ŀ	- 00	
	7a b	Less cost of		•			7a 7b				
2	c		•	from sales of inventory (Subtract line 7b from lin	no 7a)		70			7c	
Č	∑ 8	Other reveni		_	ic raj				٠, ا	8	
(9		•	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					-	9	356,753
	10			mounts paid (attach schedule)				STMT 1		10	39,949
	11	Benefits paid		· · · · · · · · · · · · · · · · · · ·					ł	11	
	12	•		ensation, and employee benefits		rec	لا ا تار		ł	12	
ses	13	•	•	d other payments to independent contractors	1 1			72	Ì	13	1,616
penses	14			ities, and maintenance	Ş	MAR	027	2010 👸	l	14	<u> </u>
Ë	15			, postage, and shipping	છ	.,,,,		(j	l	15	
	16			cribe SEE STATEMENT 2						16	313,458
	17			d lines 10 through 16	1	OGE	這 內	, UT	` 	17	355,023
	18			r the year (Subtract line 17 from line 9)	-	, AND THE STREET, STRE				18	1,730
ets	19	=		alances at beginning of year (from line 27, colum	ın (A))	(must agre	e with		İ		
ISS(ported on prior year's return)	(- //	···				19	4,547
Net Assets	20	•	•	assets or fund balances (attach explanation)					İ	20	· · · · · · · · · · · · · · · · · · ·
Ž	21	-		alances at end of year Combine lines 18 through	n 20					21	6,277
P	art II			ets. If Total assets on line 25, column (B) are		.000 or mo	re. file	Form 990 instead o	f Forr		
				(See the instructions for Part II)	,	,		(A) Beginning of year		T	(B) End of year
22	Cash, s	savings, and ii	nvestme					17,8	94	22	22,189
		nd buildings						- · · / ·		23	1
		assets (descrit	be >	SEE STATEMENT 3)	7	93	24	6,318
	Total a	,						18,6		25	28,507
		iabılities (des	cribe 🕨	SEE STATEMENT 4			\neg	14,1			22,230
		,		s (line 27 of column (B) must agree with line 21)			4,5	_	27	6,277
				Reduction Act Notice see the senarate unst		36					Form 990-F7 (2009)

DAA

Form 990-EZ (2009) RUNNING	S ZONE FOUNDATION IN	VC. 26	<u>-3316016</u>			Page 2
•	gram Service Accomplishme	nts (See the instruct	ons for Part III			penses
What is the organization's primary exem	npt purpose?					for section
SEE STATEMENT 5						and 501(c)(4)
Describe what was achieved in carrying manner, describe the services provided			-	I		ns and section trusts, optional
each program title	, the number of persons benefited, or o	ther relevant information for			or others)	
	HEALTH AND FITNESS IN OUR			19	T	<u>' </u>
	G, JOGGING, WALKING AND RELAT	ED				
EDUCATIONAL PROGRAMS AND						
	9) If this amount includes foreign grain	nts, check here	>	28a	<u> </u>	<u>350,715</u>
29						
(Grants \$) If this amount includes foreign grain	nts, check here		29a	 -	
30						
(Grants \$) If this amount includes foreign grai	nts, check here	•	່ີ		
31 Other program services (attach sch	edule)					
(Grants \$) If this amount includes foreign grain	nts, check here		31a	<u> </u>	
32 Total program service expenses				▶ 32		350,715
Part IV List of Officers, Direc	tors, Trustees, and Key Employees.	List each one even if not co (b) Title and average		he instructi (d) Contrit	ons for P	(e) Expense
(a) N	ame and address	hours per week devoted to position	(If not paid, enter -0-)	employee ber deferred con	nefit plans &	account and other allowances
DENISE PIERCY	MELBOURNE	EXECUTIVE DI	····	deletted con	pensation	other allowances
3680 N. WICKHAM RD, STE C	FL 32935		0		0	O
AUDREY JOINER	MELBOURNE	DIRECTOR				
3680 N. WICKHAM RD, STE C	FL 32935		0		υ	0
JIM VAN VEEN	MELBOURNE	DIRECTOR		}		
3680 N. WICKHAM RD, STE C	FL 32935		0		0	
LAURA HOMSEY	MELBOURNE	DIRECTOR		ŀ		
3680 N WICKHAM RD, STE C	FL 32935		0		0	C
KATI CRAIG	MELBOURNE	DIRECTOR				_
3680 N WICKHAM RD, STE C	FL 32935		0	-	0	
						-
		·· ···				
				<u> </u>		
			_			
				 		

Form **990-EZ** (2009)

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were sity changes made to the organization group governing documents? If "Yes," attached a conformed copy of the changes and the through the composition of the changes and the through the composition of the changes and the organization and incine from business activities, such as hose reported to lines 2.6a, and 7s (among others), but not reported on 5rm 990.7 and 1 three, has filled at an externor on the norm of 151.000 or more or was it subject to section 6033(c) more, reporting, and proxy tax requirements? If the organization there were uncluded business gross income of \$11.000 or more or was it subject to section 6033(c) more, reporting, and proxy tax requirements? If the organization trunders of approxy tax requirements? If the conformation trunders of proxy and selected in the many and the conformation of the conformation trunders of selected in the many and the conformation trunders of the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to the conformation to t	Pa	ort V Other Information (Note the statement requirements in the instructions for	Part V)			
description of each activity					Yes	No
34 Were any changes made to the organization provering of governing documents? If "Yes," attached a conformed copy of the changes. 35 If the organization have income from business activities, such as those reported on line 2.6 às and 7a (among others), but not reported on Form 99.0 To 30.3 (a) indices, reporting, and proxy tax requirements? 36 Did the organization have unrelated business gross income of \$1.000 or more or was it subject to section 0.033(a) indices, reporting, and proxy tax requirements? 37 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the very? If "Yes," complete applicable pain of Schedule N 38 Did the organization before mit 120.000 (a) the significant disposition of net assets during the very? If "Yes," complete superative, significant of section 40 (a) the organization before year and still outsidating at the end of the period covered by this return? 39 Did the organization before my carry and still outsidating at the end of the period covered by this return? 39 Section 501(c)(17) organizations. Either amount of tax imposed on the organization during the year under section 4912 by Gross receipts, included on time 9 (b) public use of dub facilities. 39 Section 501(c)(3) and 501(c)(4) organizations between that it engaged in an excess benefit transaction with a disqualified person in a non-year, and that the transaction between the transaction and income the transaction of any organization of any organization with a disqualified person in an pinny year, or sit aware that it engaged in an excess benefit transaction with a disqualified person in an oney year, and that the transaction between the any year, the organizations on any organization and the year under sections 4912. 40b	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
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a Did the organization have unreliated business gross income of \$1,000 or more or was it subject to section \$603(e) notice, reporting, and proxy tax requirements? b If "Yes," has if filed a tax return on Form \$90. For this year? 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 73 Enter amount of political expenditures, direct or indirect, as discribed in the mistr Did the organization file Form 1120-PCL for the year? 33 Did the organization for form 1120-PCL for the year? 34 Did the organization form or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If "Yes," complete Schedule I, Part II and enter the total amount minoled 18 Section 501 (C)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4912 ▶ section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4912 ▶ section 501 (C)(3) organizations. Enter amount of tax imposed on the organization with a disqualified person in a prior year, and this the transaction of the organization engage in any section 4956 ▶ section 501 (C)(3) and 501 (C)(4) organizations. Enter amount of tax imposed on organization managers of section 501 (C)(3) and 501 (C)(4) organizations. Enter amount of tax or in the 400 person in a prior year, and that the transaction during the year or sit aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or sit aware that it engaged in an excess benefit transaction? If "Yes," complete Schedule I, Part I 19 Section 501 (C)(3) and 501 (C)(4) organizations. Enter amount of tax on line 400 person in a prior year, and the	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	t reported			
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			Fo	orm 9 9	0-EZ	(2009

	Type or print name a	nd title					
	Preparer's	111100	Date	Check if	Prepare	er's Identifying Number (See in	str
aid	signature	2 White	2/17/200	self- employed] P00	0197977	
reparer's	Firm's name (or yours	BERMAN HOPKINS WRIGHT	LAHAM CPAS &	ASSOC	EIN	▶ 59-115271	4
se Only	ıf self-employed),	8035 SPYGLASS HILL RD			Phone		
	address, and ZIP + 4	MELBOURNE, FL 32940			no 🕨	321-757-202	<u>? C</u>
ay the IRS d	iscuss this return with the	e preparer shown above? See instructions				► X Yes N	lo
		***				200 57	

Executive Director

Form **990-EZ** (2009)

SCHEDULE'A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

RUNNING ZONE FOUNDATION INC.

Employer identification number 26-3316016

Part	<u>I Re</u>	ason for Public Charity	Status (All organizations	must co	omplete	this p	art)S	ee ins	truction	ons			
The org	anization is r	ot a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)								
1	A church,	convention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(ı).							
2	A school o	lescribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3	i	, ,, ,,	e organization described in section	on 170(b)	(1)(A)(iii)								
4	₹ .	·	in conjunction with a hospital des		, ,		(A)(iii).	Enter th	e hospi	ital's name	٠.		
٠ ـ	city, and s	·	in conjunction than a mospital con				,,,,,,,,,,,,,		.с поср.		••		
5	¬ •		a college or university owned or	operated	hy a gove	romenta	ıl unit de	scribed	ın				
_		70(b)(1)(A)(iv). (Complete Part	•	орегасса	b, a gove	cine	ii uini uc	0011000					
6	٦		vernmental unit described in sec	tion 170/	h)(1)(A)(v	A							
7	₹ '		ubstantial part of its support from	•	,, ,, ,,	•	a tha aa	oral nu	blio				
' _	-	•	, , , , , , , , , , , , , , , , , , , ,	a govern	inental ul	iit or iron	i tile gei	iei ai pu	DIIC				
	٦	in section 170(b)(1)(A)(vi). (Co		,									
8 <u> </u> 9 X	≓	•	70(b)(1)(A)(vi). (Complete Part II		_4								
9 X		•	more than 33 1/3 % of its suppo				-		-				
			ot functions—subject to certain ex	-					TITS	-			
		-	d unrelated business taxable inco	•		i i tax) ir	om busi	nesses					
	¬ ·	•	, 1975 See section 509(a)(2) (0	-	•								
10	- ۲	•	xclusively to test for public safety		•								
11 _	_	- ·	xclusively for the benefit of, to pe				-						
	• •		d organizations described in sect	•					tion				
	 -		e type of supporting organization			ſ	~~						
	, <u> </u>	pe l b Type ll	c Type III–Functiona			d		e III–Otl	ner				
е			nization is not controlled directly				•						
		·	and other than one or more public	cly suppor	ted organ	izations (describe	d in sec	ction				
	,	or section 509(a)(2)											
f	_		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					_
	organizati	on, check this box											Lj
g	Since Aug	ust 17, 2006, has the organizati	on accepted any gift or contribution	on from ar	ny of the								
	following	persons?									,		
	(i) A per	son who directly or indirectly coi	ntrols, either alone or together wit	th persons	describe	d in (ii)				_		Yes	No
	and (ii) below, the governing body of	the supported organization?							1	1g(ı)		<u> </u>
	(ii) A fan	ally member of a person describe	ed in (i) above?							<u>]1</u>	1g(II)		ļ
	(iii) A 35°	6 controlled entity of a person de	escribed in (i) or (ii) above?							1	1g(III)		
h	Provide ti	ne following information about th	e supported organization(s)	,									
	me of supporte	d (II) EIN	(III) Type of organization	1 ' '	organization	(v) Did y			s the	(vi	-	unt of	
o	rganization		(described on lines 1–9 above or IRC section		sted in your document?	the organ		organızat (ı) organı	zed in the		suppo	ort	
		İ	(see instructions))	governing	- Coodiness		oort?	U	Sγ				
				Yes	No	Yes	No	Yes	No				
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Γotal	<u>.</u>				<u> </u>			<u> </u>					

33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

10%-facts-and-circumstances test—2009 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

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

10%-facts-and-circumstances test—2008. 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

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

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

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

Schedule A	Form 990	or 990-F7	1 2009
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26-3316016

Page 3

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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning ın) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				165,900	356,753	522,653
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			_	165,900	356,753	522,653
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						522,653
	tion B. Total Support		r	•		· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				165,900	356,753	522,653
10a	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						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		_				
	and 12)				165,900	356,753	522 <u>,</u> 653
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, four	th, or fifth tax year a	as a section 501(c)(3)	1	▶ X
Sec	tion C. Computation of Public Su	pport Percent	tage	•			
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
<u>16</u>	Public support percentage from 2008 Sche					16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f) o	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2008 S	Schedule A, Part III	l, line 17			18	%
19a	33 1/3 % support tests—2009. If the organ	nization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3 %, a	nd line	-
	17 is not more than 33 1/3 %, check this bo	x and stop here. 7	The organization qu	ualifies as a publicly	supported organizat	ion	▶ Ĺ
b	33 1/3 % support tests—2008. If the organ						. r =
	line 18 is not more than 33 1/3 %, check this	s box and stop he	re. The organization	on qualifies as a put	olicly supported organ	nization	▶ _
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b, check this box a	ind see instructions		•

Schedule A (Form 990 or 990-EZ) 2009 RUNNING ZONE FOUNDATION INC.

26-3316016

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions

2/17/2010 8:45 AM Explanation Book Value Explanation Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Book Value Noncash Contribution Federal Statements Organizations 16,500 16,500 Contribution Cash Class of Activity Description of Property 4745 RUNNING ZONE FOUNDATION INC THE LEUKEMIA AND LYMPHOMA SOCIETY 5/28/09 Date of WHITE PLAINS, NY 10605 Name and <u>G</u>ff Address 1311 MAMARONECK AVE FYE: 12/31/2009 26-3316016 TOTAL

4745 RUNNING ZONE FOUNDATION INC.

26-3316016

Federal Statements

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING	3,385
BUSINESS INSURANCE	2,352
SC MARATHON EXPENSE	187,650
BANK CHARGES	4
RACE SERIES EXPENSE	114,829
SCM TRAINING CAMP	4,592
FUN RUN	310
COMPUTER SYSTEM	240
BUSINESS LICENSE	96
TOTAL	\$ 313,458

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	ginning f Year		End of Year
ACCOUNTS RECEIVABLE	\$ 793	\$	6,318
	 793	_	6,318

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	inning Year	 End of Year
SALES TAX PAYABLE ACCRUED EXPENSES DEFERRED REVENUE	\$ 14,140	\$ 12,586 9,644
	14,140	 22,230

4745 RUNNING ZONE FOUNDATION INC.

26-3316016 FYE: 12/31/2009 **Federal Statements**

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROMOTE AND ENCOURAGE HEALTH AND FITNESS IN OUR COMMUNITY THROUGH RUNNING, JOGGING, WALKING AND RELATED EDUCATION PROGRAMS AND PUBLICATIONS.

2/17/2010 8:45 AM