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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For the	2014 cale	endar year, or tax year beginning , 2014, and ending			, 20
В	Check if	applicable	C Name of organization Columbus Running Club		Employ	er identification number
	Address	change	Doing business as			35-2072284
	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telepho	ne number
$\overline{\Box}$	Initial ret	-	PO Box 1317			812-377-3279
Ħ		m/terminated	170			
H	Amende		Columbus, IN 47202	- 1	Gross re	eceipts \$ 674521
Ξ						subordinates? Yes No
ш	Applicati	ion pending				
_						s included? Yes No
<u> </u>		mpt status	✓ 501(c)(3)			
<u>J</u>	Website			'' '		number ▶ 2702
K			✓ Corporation Trust Association Other ▶ L Year of formation	1998	M State	of legal domicile IN
P	art l	Summ				
	1		escribe the organization's mission or most significant activities.			
õ			sion of the Columbus Running Club is to promote health and wellness in Columb			new County by
Activities & Governance		providin	g programs and activities which encourage participation in running and walking	activities		
<u>ē</u>	2	Check th	his box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of mo	ore than :	25% of	its net assets
é	3	Number	of voting members of the governing body (Part VI, line 1a)		3	7
ಷ	4/	Number	of independent voting members of the governing body (Part VI, line 1b)		4	7
8	5		mber of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Ž	62		mber of volunteers (estimate if necessary)		6	1000
ᅙ					7a	1000
_	/ ° L	Modeunro	related ຄົນໃຊ້ເກອຣຊີໂອິyenue from Part VIII, column (C), line 12		7b	
	L	OCD	dated business taxable income from Form 990-1, line 34	Prior Yea		Current Year
		Contribu	itions and grants (Part VIII, line 1h)			
Ð	8				345398	471058
Revenue	9	_	service revenue (Part VIII, line 2g)		124796	203299
æ	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25	164
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		470219	674521
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		1110	160000
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)		0	0
9	b	Total fur	idraising expenses (Part IX, column (D), line 25) ▶ 0		~ %	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ij	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		458251	462501
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		459361	622501
	19		e less expenses. Subtract line 18 from line 12		10859	52020
ት š	8			ning of Cun	rent Year	End of Year
Net Assets or Fund Ralances	20	Total ass	sets (Part X, line 16)		19168	71188
Ass	21		pilities (Part X, line 26)		. 00	00
Ž.	22		ets or fund balances Subtract line 21 from line 20		19168	
	art II		ture Block			
_			ury, I declare that I have examined this return, including accompanying schedules and statements	and to the	best of	my knowledge, and heliaf it is
tr	ie, correc	t, and comp	olete Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowle	dge	
_		1	2. 1 1847/		2/12	/2016
Sig	n	Sign	nature of officer	L_d	3/19/	7015
He	_		Pandall Staffand Columbus Running Clip Presid		•	
110	- C	_ <u></u>		way _		
			e or print name and title U Vice preparer's name Preparer's signature Date			PTIN
Pa	aid	Print i	ype preparer's name Preparer's signature Date		Check	□ #
Pr	epare	er			self-em	pioyea
	se Onl		name 🕨	Firm'	s EIN ▶	
		Firm's	address •	Phor	e no	
Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)			. Yes No
Fo	Paper	work Redu	uction Act Notice, see the separate instructions. Cat No 112	282Y		Form 990 (2014)



Part I		X I
1	Briefly describe the organization's mission:	<u> </u>
•	The mission of the Columbus Running Club is to promote health and wellness in Columbus and Bartholomew County by	
	providing programs and activities which encourage participation in running and walking activities.	
	providing programs and determine annotation and an annotation and	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	lo.
	If "Yes," describe these new services on Schedule O.	••
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	ما
	If "Yes," describe these changes on Schedule O.	10
_	, ·	ر ما ا
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	ers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 608112 including grants of \$ 160000) (Revenue \$ 195111)	
	Mill Race Marathon - Event to support community wellness. 3800 adult and 970 youth participants in 7 events from 200 meters	
	to 26.2 miles. Grants include money from 2013 event paid in 2014 and money from 2014 event paid in 2014.	
4b	(Code:) (Expenses \$ 4202 including grants of \$ 0) (Revenue \$ 2777)	
	Youth Cross Country - new program to expand the available opportunities for youth aged 7 to 18. Program runs Sept through Nov	
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	and provides instruction and training in proper technique and includes nutrition. Opportunities to compete in meets are available.	
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•	Form 99	0 (2014)		F	age 3
	Part	V Checklist of Required Schedules			
	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
		complete Schedule A	1	1	
	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓_
	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		1
	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			
	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		✓
	J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		✓
	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ ا		1
	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
	•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
	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			,
	40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	✓
	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, VIII, IX, or X as applicable.			* '
	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
	b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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		1
	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	1
		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		1
	12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	<u> </u>	1
	40	the organization answered "No" to line 12a. then completing Schedule D. Parts XI and XII is optional	12b		1
	13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	-	1
		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
		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		1
	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		1
	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		1
	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 (see instructions)	17		1
	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ .	✓
		If "Yes," complete Schedule G, Part III	19	_	✓
		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	_	1
	Ü	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1200	1	1 ♥

art	V Checklist of Required Schedules (continued)			Т
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	ļ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		
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		
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		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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	25a		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			56 47 300 0.C. W.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		
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		
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		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		7
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	/	-

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·		☑
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_ <u>`</u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
U	· · · · · · · · · · · · · · · · · · ·	20		-
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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			١,
	account)?	4a		✓
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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
_	gifts were not tax deductible?	e L		
7		6b	<u> </u>	
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?		<u></u>	
		7a	/	
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	l _		١,
	required to file Form 8282?	7c	<u> </u>	/
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
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		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	l	✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
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?	8		1
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter.	┤ `	ŀ	
		^ *		
a		┨		
b	Gross income from other sources (Do not net amounts due or paid to other sources		`	
	against amounts due or received from them.)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	,~~	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	Z * ,		ţ.
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1,	/
	the organization is licensed to issue qualified health plans		ļ `	
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Section	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	<u>√</u>
Jecti	on A. Governing Body and Management	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	\Box		i
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	. , ,	٠,	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
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		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	\	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	\	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
O = -41	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1- \	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	√
	Did the ordanization have local chapters, branches, or anniates:			
_		100		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		√	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a	✓	▼ ✓
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a	✓	▼ ✓
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	√	▼
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	√ 	V V V V V V V V V V
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	✓ ✓	<i>y</i>
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	✓ ✓	✓ ·
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	/ /
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	✓	✓ ✓
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	✓	✓ ✓
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14	✓	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	✓	✓ ✓
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	✓	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	✓	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	✓	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	✓	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Indiana	10b 11a 12a 12b 12c 13 14 15a 15b	✓ ✓ %:*:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	✓ ✓ %:*:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? on C. Disclosure List the states with which a copy of this Form 990 is required to be filed law indiana. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available fo	10b 11a 12a 12b 12c 13 14 15a 15b	✓ ✓ ½;	v v

n~	~	_	•

Form	aan	/201	4

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

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

 Check this box if neither the organization not 	r anv relate:	d ora:	2017	atio	n c	nmna	nea	ted any curren	t officer director	r or trustaa	
Oneck this box in fieldier the organization flor	any relate	Joiga		(0	>)	Jilibe	iioa	led any curren	t officer, director	, or trustee.	_
(A) Name and Title	(B) Average hours per week (list any	box, ι	ot ch unles	s pe i a d	more	than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	_
(1) Randall Stafford - President				✓				0	0		0
(2) Jennifer Shaver - Vice President	<u> </u>			1				o	0		0
(3) Timothy Proctor - Secretary				1				0	0		0
(4) Daniel Slattery - Treasurer				1				0	0		0
(5)											
(6)											_
(7)											_
(8)											
(9)											_
(10)											
(11)											
(12)											
(13)											
(14)											

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ox ce Individua or directo	ınles	s pe	tion more	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatio (W-2/1099-M	from ns	(F) Estimated amount of other compensation from the organization and related organizations
(15)				e			ated					
(19)												
(20)												
(21)												
(22)												
									į			
			ļ					_				
(25)												
c	Sub-total		n A					▶ ▶				
2	Total number of individuals (including bur reportable compensation from the organization)		to th	ose	lıst	ted	above	e) w	nho received m	ore than \$1	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete. For any individual listed on line 1a, is the organization and related organizations individual.	ficer, direc Schedule J sum of re	<i>for si</i> porta	<i>uch</i> ble	<i>ind</i> con	ividi npe	<i>ual</i> nsatio	on a		ensation from	 om the	3
5	Did any person listed on line 1a receive of for services rendered to the organization											5 4
	n B. Independent Contractors		ام .						are that recove	ad mara tha	- ¢100	000 of
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress							(B) Description of s	ervices	c	(C) Compensation
None												
2	Total number of independent contractor received more than \$100,000 of compensations.) o th	nose listed ab	ove) who		and the second section of the section o

Part	VIII	Check if Schedule O contains a response	e or note to	any line in this	Part VIII		
	>	Charles a response	e or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a		-			
irar our	b	Membership dues 1b	2020				
s, C	С	Fundraising events 1c					!
Sift	d	Related organizations 1d					
in',	е	Government grants (contributions) 1e					
tior r S	f	All other contributions, gifts, grants,		ļ]
the library		and similar amounts not included above 1f	469038		1		
d o	9	Noncash contributions included in lines 1a-1f. \$	75500				
ᄝᇈ	h	Total. Add lines 1a-1f	▶	471058	j		
		Bus	iness Code				
Ž.	2a	Firecracker 5K		749	749		
æ	b	Elementary School Run		0	0		
jce	С	Youth Track		4662	4662		
8	d	Mill Race Marathon		195111	195111		
Ē	е	Youth Cross Country		2777	2777		
Program Service Revenue	f	All other program service revenue					
F	g	Total. Add lines 2a-2f	•	203299			
	3	Investment income (including dividends,					
		and other similar amounts)	▶				
	4	Income from investment of tax-exempt bond pi	roceeds ►				
	5	Royalties	. ▶				
		(i) Real (ii) Personal		,	,	
	6a	Gross rents		Y 355	*	Marian,	YEAR STATE
	b	Less rental expenses				i sija	"
	С	Rental income or (loss)		,			. W
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other	· 🍇 , , , , , , ,		-a-ÀL	* .
		assets other than inventory		i i			K 17
	b	Less ⁻ cost or other basis			, ' *,	* 🖫	
		and sales expenses .		taú. e		Σ.	
	С	Gain or (loss)					18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d	Net gain or (loss)	▶				
•					,		
Revenue	8a	Gross income from fundraising		*			*.
Š		events (not including \$		¥ \$	(x) (x)	\.\.\.\.\	, , ,
		of contributions reported on line 1c)				,	
Ē		See Part IV, line 18 a					
Other		Less: direct expenses b			2′,		
		Net income or (loss) from fundraising even	ts . 🕨		,		
	9a	Gross income from gaming activities.					,
		See Part IV, line 19 a					
		Less: direct expenses b			·		
		Net income or (loss) from gaming activities	<u>3 ▶</u>				<u> </u>
	10a	Gross sales of inventory, less					
		returns and allowances a		;			
	b	Less cost of goods sold b				-	<u> </u>
	С	Net income or (loss) from sales of inventor	•				
			siness Code				
	11a	Shirts, Voided checks		164	164		
	b						
	С						
	d	All other revenue	_				
	е	• • • • • • • • • • • • • • • • • • • •	🟲	164			ļ
	12	Total revenue. See instructions	🕨	674521	1		1

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) □

Form 990 (2014) Page 10 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 Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses (C) (D) Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits n n O Fees for services (non-employees): Management Legal Accounting . . Lobbying 198° 32 Professional fundraising services. See Part IV, line 17 : **%** Investment management fees n n Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) O Advertising and promotion Office expenses Information technology Royalties Occupancy Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . Interest Payments to affiliates Depreciation, depletion, and amortization . O O Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If % line 24e amount exceeds 10% of line 25, column ويزيه (A) amount, list line 24e expenses on Schedule O) Event supplies - shirts, medals, trophies а Safety - police, fire, EMT, barricades b Facilities - rentals, venue, port-o-lets, tents, a Youth Expenses d All other expenses

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	19168	1	71188
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ	•	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	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	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19168	16	71188
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	~, <u>\$</u> ,	
Ě		trustees, key employees, highest compensated employees, and			31 12
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties .		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			
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25		26	
G		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		f.,,	*
8		complete lines 27 through 29, and lines 33 and 34.	<u> </u>	- ' 2''.	
an	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	,	50.63	1 37 /
Net Assets or Fund Balances		complete lines 30 through 34.	<u> </u>		
)ts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť	32	Retained earnings, endowment, accumulated income, or other funds.	19168		71188
ž	33	Total net assets or fund balances	19168		71188
_	34	Total liabilities and net assets/fund balances		34	<u> </u>

	Pa	ge 12
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		4520
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2a		✓
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<i>y</i>	St glass	ليث
∣ 2b	l	✓

Form 990 (2014)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 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 in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 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. ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

mannana, and an mand contains And Mindels and About Francish and About As

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Colu	mbus í	Running Club					35-207	'2284
Par	t I	Reason for Public Char	ity Status (All	organizations must	complet	e this p	art.) See instructio	ns.
The	organiz	zation is not a private foundat	ion because it is	: (For lines 1 through	11, chec	k only on	e box.)	
1		church, convention of church	es, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	
2		school described in section 1		•				
3		hospital or a cooperative hos						
4		medical research organization	•	njunction with a hosp	ıtal desci	ibed ın s	ection 170(b)(1)(A)(iii). Enter the
_		ospital's name, city, and state		:				
5		n organization operated for the ction 170(b)(1)(A)(iv). (Comp		college or university of	owned oi	operate	d by a government	al unit described in
6	□ A	federal, state, or local govern	ment or governr	nental unit described	in sectio	n 170(b)	(1)(A)(v).	
7		n organization that normally rescribed in section 170(b)(1)(oort from	a goveri	nmental unit or from	the general public
8		community trust described in			Part II.)			
9		n organization that normally r				rom con	tributions, members	hip fees, and gross
		ceipts from activities related						
		ipport from gross investmer				•		k) from businesses
		equired by the organization af						
10		n organization organized and						
11		n organization organized and o						
		ne or more publicly supported	•					
		e box in lines 11a through 11d		•• • • • •	_			=
а		Type I. A supporting organiza						
		the supported organization(s) organization. You must com			ct a majo	rity of the	e airectors or trustee	s of the supporting
b		Type II. A supporting organiz	•				•	
		control or management of the			e same p	ersons th	nat control or manag	e the supported
		organization(s). You must co	=					
C		Type III functionally integraits supported organization(s)						y integrated with,
d	ı 🔲 .	Type III non-functionally int	egrated. A supp	orting organization o	perated i	n connec	tion with its support	ed organization(s)
		that is not functionally integra						an attentiveness
		requirement (see instructions	-					
е	_	Check this box if the organiza					• • • • • •	I, Type III
_		functionally integrated, or Typ		nally integrated supp	orting or	ganizatio	n.	[· · · · · · · · · · · · · · · · · · ·
f		er the number of supported o						
		vide the following information						4 73 4
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see
				above or IRC section	docur	ment?	instructions)	instructions)
				(see instructions))	Yes	No		
(A)								
(D)						-		
(B)								
(C)								
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(D)								
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Tota	<u> </u>	I D. d. Makin Ant Makin	4h - 1 - 4	r- 0-4	NI- 1100EF	L	Calladida A /F	

Part II

`	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support	- ' - '				· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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	ingen in the second	λ	************************************			
	shown on line 11, column (f)			• .	*		
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	(=) 0010	(h) 0011	(a) 2012	(4) 2012	(0) 2014	(6) Total
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			!			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	-				12	
13	First five years. If the Form 990 is for the						
C4	organization, check this box and stop he				• • • • •	<u> </u>	
	on C. Computation of Public Support Public support percentage for 2014 (line)			1 askims (6)		14	%
14 15	Public support percentage for 2014 (line of 2013 Sci		•	1, COIGITIII (1))		15	
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 oi	r 16a, and line		
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiz	eck this box ar	nd stop here. (Explain in
b		tion meets the neets the "facts	facts-and-cis-and-cis-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st on qualifies as a	cop here. a publicly ▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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 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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6267	7545	13456	470194	674480	1171942
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	155	95	5	25	40	320
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0.	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	6422	7640	13461	470219	674520	1172262
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	o	0
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	0	0	0	0	0	0
С	Add lines 7a and 7b	0	Ö	0	0	0	0
8	Public support (Subtract line 7c from line 6.)		%	* ,	** **	ž.	1172262
Secti	on B. Total Support					-	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	6422	7640	13461	470219	674520	1172262
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	O	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	6422	7640	13461	470219	674520	1172262
14	First five years. If the Form 990 is for the organization, check this box and stop he	-				ear as a sectio	
Secti	on C. Computation of Public Support						
15	Public support percentage for 2014 (line			3, column (f))		15	100 %
16	Public support percentage from 2013 Sci						100 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014 (0 %
18	Investment income percentage from 2013	3 Schedule A,	Part III, line 17			18	0 %
19a	331/3% support tests-2014. If the organ	ization did not	check the box	x on line 14, a	nd line 15 is n	nore than 331/39	%, and line
b	17 is not more than 33½%, check this box 33½% support tests—2013. If the organization 18 is not more than 33½%, check this	zation did not d	heck a box on	line 14 or line	19a, and line 10	6 is more than 3	31/3%, and
20	Private foundation. If the organization d						
					_		

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting C)rganizations
-----------------------------	---------------

	·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 -	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	· >	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		×., -	, yes
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	• 5a	· · · · · · · · · · · · · · · · · · ·	
b 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	*****	8
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	<u> </u>	
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u></u>	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		.^,
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.)	10b		ļ

Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Yes	No
	1	l	
A person who directly or indirectly controls, either alone or together with persons described in (h) and (c)	ŀ		1
	440	-	ال ـا
below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	1110		
		Yes	No
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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		
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
n C. Type II Supporting Organizations			,
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	, - <u>1</u>	Yes	No
n D. All Type III Supporting Organizations		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, (1) a written notice describing the type and amount of support provided during the prior tax	*-%,	yes 	No
year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		~- ~J
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		
By reason of the relationship described in (2), 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 supported organizations played in this regard.	* ` · · · · · · · · · · · · · · · · · ·		
n E. Type III Functionally-Integrated Supporting Organizations			L
Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
			,
☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).
Activities Test Answer (a) and (b) below.		Yes	No
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,		,	
that these activities constituted substantially all of its activities.	2a	*	-
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	,	j.
Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			1
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? <i>Provide details in Part VI</i> .	3a		
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
ALL DEBOOK DOMESTIC NOOK BOOK OF THE POST	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. In B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the lax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the lax year? If "No," describe in Part VI how the supported organization's directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization. In C. Type II Supporting Organizations Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees deach of the organization's directors or trustees of each of the organization's properted organization's trustees of each of the organization's grazition was vested in the same persons that controlled or managed the supported organization organization was vested in the same persons that controlled or managed the supported organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed organization's provided? Were any of the organization's officers, dire	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. In B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the ax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization or restrictions, if any, applied to such powers during the tax year of the powers to appoint and/or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supported organization of the supported organization part of the properties of the supported organization part of the supported organization of the supported organization or trustees of each of the organization's directors or trustees of each 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 directors or trustees of each of the organization or the province organization's directors or trustees of each of the organization organization's directors or trustees organization's trustees organization's directors organization's directors or trustees organization's provided organization's directors or	Na 53% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. It is B. Type I Supporting Organizations New organizations or the detail test a majority of the organization's directors or trustees at all times during the ax year It I"No," describe in Part VI how the supported organization's directors or trustees at all times during the ax year It I"No," describe in Part VI how the supported organization's directors or trustees at all times during the ax year It I"No," describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization or trustees were allocated among the supported organization's during the tax year. It is obtained to organization operate for the benefit of any supported organization other than the supported organization's the organization's programization. In or, I benefit camed out the purposes of the supported organization's that operated, supervised, or controlled the supported organization's the supported organization's the supported organization's programization. Nor I benefit camed out the purposes of the supported organization's the supported organization's the supported organization's the supported organization's programization's supported organization's programization's supported organization's supported organization's supported organization's supported organization's supported organization's tax year, I) a written notice describing the type and amount of support provided during the prior tax year, I) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's tax year, II will will be supported organization's tax year, II will will be supported organization's tax year, II will be supported organization's upported organizati

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anı	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must cor			
Section 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)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	<u> </u>	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		*	*
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	7		6 5 W 4 7 W
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		The Third Control	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	in the same of	
2 Enter 85% of line 1	2		
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3	2 84 7 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4 Enter greater of line 2 or line 3	4	* * *	
5 Income tax imposed in prior year	5	Market St. St. St. St. Co.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ır	tegrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6			
9				
10	Line 8 amount divided by Line 9 amount	<u></u>	(;;)	/:::\
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		·	
<u>a</u>				
b				
<u></u>			·	
d		:		
e	From 2013			
f O	Applied to underdistributions of prior years			
<u>g_</u> h	Applied to distributions of prior years Applied to 2014 distributable amount			
- "-	Carryover from 2009 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
4	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	ge 8 d
	Part III, line 12. Also complete this part for any additional information. (See instructions.)	
		. -
		-

SCHEDULE (Form 990)

Columbus Running Club

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 '

Open to Public Inspection

Employer identification number 35-2072284

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	an records to subs	stantiate the amou	int of the grants or	assistance, the d	rantees' eligibility for	or the grants or assistance.	and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· Yes □ No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring 1	the use of grant fur	nds in the United	States.		
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz	ations and Dom	estic Government of the second	ients. Complete i	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	red "Yes" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Reach Healthy Communities	35-6023714	501(c)3	80000				
(2) Columbus Parks Foundation PO Box 858, Columbus, IN 47202	35-1343903	501(c)3	00008				
(3) Fun on Fourth LLc	46-2852001		10000				
Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	רסס and gov rganizations listed	ernment organizal in the line 1 table	organizations listed in the line 1 table	ne 1 table			7 7
For Paperwork Reduction Act Notice, see the Instructions for Form 990,	see the Instruction	s for Form 990.		Ö	Cat. No 50055P		Schedule I (Form 990) (2014)

Page 2	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	if grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance							Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. To evaluate the effectiveness of the grant, Columbus Running Club requires a program statement each year showing the projects which were completed using the funds.						Schedule I (Form 990) (2014)
Schedule I (Form 990) (2014)	Grants and Other Assistal Part III can be duplicated if	(a) Type of grant or assistance							Supplemental Information						
Schedule I (Fo	Part III		-	2	ဗ	4	5	9	 Part IV To evaluate					1 1 1 1 2 6 6 6 7 7 7 7 8 7 8 8 7 8 8 9 8 9 9 9 9 1 9 1 9 1 9 1 9 1 9 1 9	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Columbus Running Club

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

35-2072284

Part III, Line 2 - New program service added in 2014. Youth cross country program to provide fall youth activity.
Part III, Line 4d - Expense of \$1745 is Elementary School Run. The Elementary School Run is a free event for children to promote running
activities with distances of 1/4, 1/2 and 1 mile. 2014 event had over 900 participants.
Part III, Line 4d - Expense of \$679 is Firecracker 5K. This event is held to raise money for student scholarships in the community.
Part III, Line 4d - Expense of \$1600 is Marathon Training program. This is a free program held by the the running club to prepare new runners
and walkers for the fall half and full marathon event.
Part VI, Line 11b - Form is reviewed by organization officers in email request prior to filing.
PartVI, Line 19 - Policy manual is available from organization president on request. Financial statement is available from organization
treasurer on request and Form 990 posted on organization website. Organization bylaws are posted on the organization website www.runc
Part III, Line 4d, Revenue of \$749 from Firecracker 5K and in-kind contributions of \$75,500 for Mill Race Marathon. The Republic - \$15,000;
QMix - \$10,000; Owens Communications - \$10,000; Hamilton Exhibits - \$10,000; Brainstorm Print - \$10,000; Joust Multimedia - \$5,000;
ZwanzigZ - \$5,000; Culligan - \$3,000; Blue Mile - \$3,000; Columbus Running Club - \$2,500; Runners Forum \$1,600; Green Bean - \$400
<u>.</u>