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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 private foundations)

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calend	ar year, or tax year beginning , 2014, and ending		, 20						
В	heck if ap	plicable	ployer id	entification number							
	Address cl	hange	Road Runner Club of America, Fox River Trail Runners	3	6-4395023						
	Name chai	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel	/suite E Telephone number							
=	initial retur		PO Box 371	31	2-616-5580 [′]						
ᆖ		n/terminated	City or town, state or province, country, and ZIP or foreign postal code F Gr	oup Exe	mption						
=	Amended i Application	return n pending		ımber l	·						
_		ing Method:		▶ □	if the organization is not						
	Vebsite	•			ach Schedule B						
					0-EZ, or 990-PF)						
			☐ Corporation ☐ Trust ☐ Association ☐ Other								
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s	-						
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ								
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instri		s for Part I)						
	ar c r		the organization used Schedule O to respond to any question in this Part I								
	1		ons, gifts, grants, and similar amounts received	1	6803						
	2		ervice revenue including government fees and contracts	2	166115						
	3		ip dues and assessments	3	3947						
	4	Investmen	·	4	581						
	1 _		ount from sale of assets other than inventory		-						
	5a		or other basis and sales expenses	\dashv							
	b		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c							
	6 6										
	1		ing and fundraising events s income from gaming (attach Schedule G if greater than								
Kevenue	а										
/en/	b	Gross inco	ome from fundraising events (not including \$of contributions								
J.	1		raising events reported on line 1) (attach Schedule G if the								
	1	sum of suc	ch gross income and contributions exceeds \$15,000) 6b								
<u>_</u>	C		ct expenses from gaming and fundraising events 6c								
I	d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
)		line 6c)		6d							
OCAININE D	7a	Gross sale	es of inventory, less returns and allowances								
Ē	b		of goods sold								
Ę	С	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с							
ก	8	Other reve	nue (describe in Schedule O)	8							
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	177446						
	10	Grants and	d similar amounts paid (list in Schedule O)	10	32400						
	11		aid to or for members	11							
es.	12		ther compensation, and employee benefits	12							
S	13	Profession	nal fees and other payments to independent contractors	13	6063						
Expenses	14		y, rent, utilities, and maintenance	14	1452						
ũ	15	Printing, p	ublications, postage, and shipping APR 1 3 25/5	15	1552						
	16	Other exp	enses (describe in Schedule O)	16	119595						
	17	Total exp	enses. Add lines 10 through 16	17	161062						
S	18		(deficit) for the year (Subtract line 17 from line 9)	18	16384						
set	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with								
Asi		-	ar figure reported on prior year's return)		101634						
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)								
Z	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20	21	118018						

Par	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	y question in this	Part II		<u> 📮</u>
	 			(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			101634	-	118018
23	Land and buildings]		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			101634	27	118018
Pari				•	.	Expenses
Check if the organization used Schedule O to respond to any question in this Part III						
						(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	its three largest p	program services,	1 -	anızatıons; optıonal for ers.)
	easured by expenses. In a clear and concise m		services provide	d, the number of	""	613.)
	ons benefited, and other relevant information for ea		t their manine abilit	les Burners neu	┼	Т
28	Great Western Half Marathon Event: Opportunity for					
	registration fees and receive entry to event, T-Shirts	and optional awards	. Proceeds benefit t	ms club, local		1
	high school running teams, and Special Olympics	includes foreign are	nte chock horo		28	41656
	(Grants \$ 12000) If this amount Summer Sunset 5k & various Youth events: Family				200	41030
29	Runners pay a registration fees and receive entry to					
	encourages family andyouth physical fitness throug		optional awaius.	e program		
		includes foreign gra	nto shock horo		298	9012
20	(Grants \$) If this amount Fox & Turkey 4 Miler & Youth Mile : Family oriented			•	230	3012
30	Runners pay a registration fees and receive entry to					
	Community involvement as Food Items are collected					
	(Grants \$ 14400) If this amount				30a	52353
24	Other program services (describe in Schedule O)	includes loreign gra	inta, check here .	<u> </u>	1000	3 02000
31	(Grants \$) If this amount	includes foreign gra	nte chack here		318	ا
32	Total program service expenses (add lines 28a				32	
Par	The state of the s					
- 41	Check if the organization used Schedule					
	Oncorn and organization ages	(b) Average	(c) Reportable	(d) Health benefits.		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MIS)			e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-			orior ouriportourior
Tom	Spadafora	10				
	ident	1.*		o	0	0
Doug	g Jones	6				
	President			0	0	0
Mark	(Sekelsky	5				
Secr	etary			0	0	0
Rog	er Schellenberger	5				
Trea	surer	1		0	0	0
Jon	Bermeister	5				
Dire	ctor	<u> </u>		0	0	0
Vau	ghn Ehrhardt	5				
Dire	ctor			<u> </u>	\perp	
		[
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		.]				

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			Ø
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	1 ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ļ		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		 ✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization of books are in sale of building a sentence and a sentence with the		19-571	
ı.	Located at 2660 WHite Barn Rd, Aurora, IL ZIP + 4	60502	2-6317	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vaa	LALO
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ	Yes	No
44 a	completed instead of Form 990-EZ	44a	<u> </u>	- /
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	explanation in Schedule O	44d	_	✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	↓	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 9 90 -l	E 7 (20	14)							Page 4
	<u> </u>							Yes	-
		e organization engage, directly or in							
		didates for public office? If "Yes," c		, Part I	· · ·		. 46		_✓
Part VI		Section 501(c)(3) organizations		-ti 47 40h	-1.50		. 4.1.1	£ ()	
		All section 501(c)(3) organizations 50 and 51.	s must answer que	stions 47–49b ar	id 52, and	a complete th	e tables	tor iin	ies
		Check if the organization used Sch	nedule O to respond	I to any question i	n this Par	t VI			
		Shock ii the organization acca eci		to any quodioni	ii tiilo i ai		<u>· · · .</u>	Yes	No
		e organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		_	tax . 47		1
•		organization a school as described in							+ 🕶
		e organization make any transfers to		-			. 49	a	1
		s," was the related organization a se					. 491	_	<u></u>
		lete this table for the organization's yees) who each received more than							
e	mpic	yees) who each received more than	 :	1		lealth benefits.	e, enter	NOHE.	
	(a) !	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	utions to employee plans, and deferred empensation	(e) Estima other co		
None						•			
						•			
				<u> </u>					
51	Comp	number of other employees paid over elete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	ent contra	ctors who each	n receive	d more	e than
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(0) Compensa	ation	
None									
									
				4					
	-								
			••••	†					
							-		
				_					
	Fotal	number of other independent contra	otors each receiving	Over \$100,000				-	
		he organization complete Schedu			roanizatior	ns must attac	h a		
		leted Schedule A						es 🔲	No
Under per true, corre	nalties ect, an	of perjury, I declare that I have examined this id complete. Declaration of prepare wither than	return, including accompar n officer) is based on all info	nying schedules and sta ormation of which prepa	tements, and rer has any k	to the best of my k nowledge.	nowledge a	nd belie	f, it is
	$\neg \Gamma$	1 / Seff to to				4/10/	2015	,	
Sign		Signature of officer				Date /			
Here		Roger Schellenberget Treasurer Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Ta r	PTIN	<u> </u>	
Paid Prepa	ror	ypo proposo. o namo				Check L self-emple			
Use O		Firm's name ▶				Firm's EIN ▶	_ •		
335 		Firm's address >				Phone no			

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions . . .

▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Road	R	unner Club of America, Fox River	Trail Runners				36-439	5023
Par								ns.
The c	Ĺ	anization is not a private founda A church, convention of church A school described in section	nes, or association	on of churches descri				
3		A hospital or a cooperative hos A medical research organization hospital's name, city, and state	spital service org on operated in co	anızation described ir				iii). Enter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Complete Section 170(b)(1)(A)(iv).		college or university	owned or	operate	d by a governmenta	al unit described in
6 7		A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9		An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt on tincome and fter June 30, 197	functions—subject to unrelated business t 75. See section 509(a	certain axable ir (Con	exceptior ncome (la nplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of its
10		An organization organized and						
11		An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations de	escribed in section 50	9(a)(1) o	section	509(a)(2). See secti	on 509(a)(3). Check
а		□ Type I. A supporting organiz the supported organization(s organization. You must corr) the power to re	egularly appoint or ele				
b	ı	□ Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	janization vested in th				
С		Type III functionally integratis supported organization(s)						y integrated with,
d	i	■ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	ed organization(s) an attentiveness
е		Check this box if the organiz functionally integrated, or Ty						I, Type III
f g		Enter the number of supported or Provide the following information		oorted organization(s).				[]
	(ī)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
			1			1		

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line					
Section			5. 7. or 8 of	Part Lor if the	e organizatioi		
Section	Part III. If the organization fails to						ality under
Section		qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			r			
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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		L.				
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 shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			<u> </u>	<u> </u>		
	on B. Total Support			·		r	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33334					
11	Total support. Add lines 7 through 10						<u></u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · ·		· · · ·	<u>P</u> L
<u>Secti</u>	on C. Computation of Public Suppor					T T	
14	Public support percentage for 2014 (line					14	<u>%</u>
15	Public support percentage from 2013 Sci	hedule A, Part	II, line 14			15	%
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	ilifies as a pub	licly supported	dorganization			🕨 🛚
b	331/3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 33½% · · · ·	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "torganization"	ets the "facts- facts-and-circ	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	tion meets the	e "facts-and-c s-and-circums	circumstances" stances" test.	' test, check t The organization	his box and s on qualifies as	top here . a publicly
18	supported organization	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched	ck this box and	see

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					1	
	received. (Do not include any "unusual grants.")	17196	18929	14938	13068	10750	74881
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	99595	127084	130377	143954	166115	667125
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	116791	146013	145315	157022	176865	742006
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		i				
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						742006
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	116791	146013	145315	157022		
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .	62	141	66	467	581	1317
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	62	141	66	467	581	1317
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	116853	146154	145381	157489	177446	743323
14	First five years. If the Form 990 is for the organization, check this box and stop he	_		d, third, fourth	, or fifth tax ye		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line			3, column (f))		15	99.82 %
16	Public support percentage from 2013 Scl					16	99.87 %
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (line 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	.18 %
18	Investment income percentage from 2013	3 Schedule A, I	Part III, line 17			18	.13 %
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	k on line 14, ai	nd line 15 is m		
b	33 ¹ / ₃ % support tests—2013. If the organization 18 is not more than 33 ¹ / ₃ %, check this	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation. If the organization di	=	=				

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.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		<u> </u>
3a	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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		
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	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	(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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
_	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	
	on B. Type I Supporting Organizations	1110	L	
0000	sit of Type Touppointing Organizations		Yes	No
1	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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		•	,
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ 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 (
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	-	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	-	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
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	1.6	(A) Pnor Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
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):				
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			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III support	ing organization (see	

Part	Type III Non-Functionally Integrated 509(a)(3	9 Supporting Organi	zations (continuea)	
Secti	on D - Distributions	·		Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4_	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5_	Qualified set-aside amounts (prior IRS approval required)			
<u> </u>	Other distributions (describe in Part VI). See instructions.			· · · · · · · · · · · · · · · · · · ·
 7	Total annual distributions. Add lines 1 through 6.	h the engalti is		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	
<u>_</u>	Distributable amount for 2014 from Section C, line 6			
_ <u> </u>	Line 8 amount divided by Line 9 amount		,	
	Line o amount divided by Line o amount	<i>a</i> -	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	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:			
a	1			
b	1			
С				
<u>d</u>	1			
<u>e</u>	From 2013			
_ <u>f</u>	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			·
<u>_</u> <u>ь</u>	Applied to 2014 distributable amount			· - · · · · ·
— <u>:</u>	Carryover from 2009 not applied (see instructions)			·
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 ———	Distributions for 2014 from Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years		·	<u>-</u>
<u>b</u>	Applied to 2014 distributable amount			
_ <u>c</u>	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				
e	Excess from 2014			L <u></u>

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

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 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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. Employer identification number Name of the organization

36-4395023 Road Runner Club of America, Fox River Trail Runners Part I Line 10: Grants and similar amounts paid \$32,400 Donations to Special Olympics of Illinois \$12000 **Batavia Interfaith Food Pantry \$14400** Scholarships \$6000 Part I Line 16: Other Expenses \$119595 Expenses connected with Holding Race Events: \$83,561 (detail below) Awards \$17,487; Race Shirts \$42004; Emergency Services \$1208; Timing Services \$ 3758; Govt Entites & Officers \$1520; Food \$6642 Portable Toilets \$2160; Rentals \$2627; Transportation \$2431, all other Race related expenses \$3724 Other Operating Expenses: \$36,034 (detail below) Supplies, Bank Charges, and Internet related expenses \$1408, Advertising \$993 ,Member Awards and Shirts \$15485 Meeting Expenses \$7065; conferences \$3620; travel \$2920; all other \$2563 IRS Penalty \$1980

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
······································	