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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Denartment of the Treasury

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

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

Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 2015, and ending 20 D Employer identification number C Name of organization Columbus Running Club Check if applicable. Address change Doma business as 35-2072284 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO Box 1317 812-342-2115 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Columbus, IN 47202 G Gross receipts \$ 599,559 F Name and address of principal officer: Randall Stafford H(a) is this a group return for subordinates? Yes No Application pending 4055 Sandpiper Lane, Columbus, IN 47203 H(b) Are all subordinates included? Tyes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status. Website: ▶ www.runcolumbus.org H(c) Group exemption number ▶ Form of organization. Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicile: ſΝ Part I Summary Briefly describe the organization's mission or most significant activities: Activities & Governance 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. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2015 (Part V. line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 1000 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) . [[] 471058 410130 **Pevenue** Program service revenue (Part VIII, line 2g) 203299 189355 Investment income (Part VIII, column (A) lines 3,14 and 5d 016. 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 164 75 Total revenue—add lines 8 through 11 (must equal Part-VIII column (A), line 12) 12 674521 599559 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 160000 51500 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) n Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 462501 446060 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 622501 497560 19 Revenue less expenses. Subtract line 18 from line 12 52020 101999 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 71188 173187 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 71188 173187 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Check [] If self-employed **Preparer** Firm's name Firm's EtN ▶ **Use Only** Phone no. Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.



☐ Yes ☐ No Form 990 (2015)

	, ago =
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 activities which encourage participation in furning and waiking activities.
	•••••••••••••••••••••••••••••••••••••••
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 480,005 including grants of \$ 50,000) (Revenue \$ 174,054)
	MILL RACE MARATHON - Event to support community wellness. 3,850 adult and 1,050 youth participants in 7 events from 200 meters
	to 26.2 miles.

4b	(Code:) (Expenses \$4,561 including grants of \$0) (Revenue \$\$ 5,756)
	YOUTH CROSS COUNTRY - program to provide cross country instruction to youth aged 7 to 18. Program runs Sept. through Nov. and
	provides instruction and training in proper technique and includes nutrition. Opportunities to compete in meets are available.
	Program is aligned with USA Track and Field.

4c	(Code:) (Expenses \$ 2,006 including grants of \$ 00) (Revenue \$ 2,170)
	YOUTH TRACK - program to provide track and field instruction to youth aged 7 to 18. Program runs May through July and provides
	basic and advanced instruction on technique and form. Opportunities to participate and compete in meets are available.
	Program is aligned with USA Track and Field.
4d	Other program services (Describe in Schedule O.)
7.3	(Expenses \$ 10,988 including grants of \$ 1,500) (Revenue \$ 7,450)
4e	Total program service expenses ► 497,560

Form 99	0 (2015)		f	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
_	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			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	<u> </u>		<u> </u>
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		<u> </u>
	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, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	_	 - _
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110		
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		'
	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	1
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	✓
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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	V Checklist of Required Schedules (continued)			
-			Yes_	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		/
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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		1
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		1
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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	25b		✓
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		1
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		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	✓
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	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,"			,
22	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		1
	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		1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		\
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
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		\
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38		1

	V Statements Benevice Other IDS Filings and Tay Compliance			Page
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33		-	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ŀ
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		L
_	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		1
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			
	account)?	4a		1
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	L	✓
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	ļ	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	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 chantable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		-
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>	
a -	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods-			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		١,
	· ·	7c	ļ	✓
đ e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	.	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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	ļ	1
9_	Sponsoring organizations maintaining donor advised funds.	_		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	ļ	1
10	Section 501(c)(7) organizations. Enter:	90	-	V
a	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4.0	against amounts due or received from them.)	4.5		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	\vdash

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand $\ldots \ldots \ldots \ldots \ldots \ldots$

the organization is licensed to issue qualified health plans

14a

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
C4:	Check if Schedule O contains a response or note to any line in this Part VI		•	. 🗸
Section	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		Tes	NO
_	committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	<u> </u>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	V	-
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
12	Did the organization have a written whistleblower policy?	12c	,	<u> </u>
13 14	Did the organization have a written document retention and destruction policy?	13 14	✓	
15	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?	14	•	
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	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			
ь	with a taxable entity during the year?	16a		1
	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?	16b		
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only
19	☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		-	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	•	
	Dan Slattery 1041 Rayside Court Columbus IN 47201			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensat	ed Employe	es, and
	Independent Contractors		_	_			_	_

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 any relate	d orga	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(6	C)		-			
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
Name and Title	hours per					is both or/trust			compensation from	amount of
	week (list any		_					from	related	other
	hours for	익흥	1 25	Officer	ᅙ	≅,≅	Former	the	organizations	compensation
	related	₽₹] 章 [្ត្រី	<u>ه</u> ا	등급	∄	organization	(W-2/1099-MISC)	from the
	organizations	漢	큠	٦.	킁	S S	۳	(W-2/1099-MISC)	1	organization
	below dotted	1 4 4	量		Key employee	ľÿ	ĺ		Ì	and related
	line)	E	쿹	1	8	₹	1			organizations
-		Individual trustee or director	Institutional trustee	l	i	8		-		
			6			Highest compensated employee		ļ		
(1) Dandall Staffand Procident										
(1) Randall Stafford - President	†			1				0	o	0
(2) Jennifer Shaver Morrill - Vice President						T	T			
(4) Semire: Shave: Morrill - Vice Fresident				1				o	0	0
(3) Timothy Proctor - Secretary										
	† -	i		1			l	o	0	o
10	 	-	-	Ť	-		\vdash			<u></u>
(4) Daniel Slattery - Treasurer	↓				1					
				✓			į .	. 0	0	0
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, aı	nd H	lighe	st C	Compensated E	mployees (c	ontınu	ed)	<u> </u>	ago c
	(A) Name and title	(B) Average hours per week (list any	box, office	unles r and	Pos eck s pe	rson	e than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation related		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		comp fro organ and	ensatio m the nization related nizations	1
(15)											\neg			
(16)						-		-						
(17)					-				!			<u> </u>		
(18)								-			-			
(19)						ļ		_						
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(21)								ļ <u>. </u>				· . ·		
(22)			<u> </u>											
(23) -		- 6	-		- 1			\vdash				_		
(24)														
(25)					-			-						
1b	Sub-total	VII Section	 n Δ		-		•	▶	0		0			0
d	Total (add lines 1b and 1c)			•	•				0		0			0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							emp	oloyee, or high	est compen	sated		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortab	ole d	com	nper	nsatio							√
5	individual									ation or indi	 vidual	4		✓
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	omple	ete :	Sch	nedu	ile J f	or s	such person	<u> </u>		5		✓_
1	Complete this table for your five highest compensation from the organization. Repyear.													ìX
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
Not Ap	pplicable							 						
						_								
					_									
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Form 990 (2015) Page 9 Part VIII Statement of Revenue Check.if_Schedule_O_contains_a response or_note_to_any_line_in_this_Part_VIII_____ (C) Unrelated business revenue (A) Total revenue (B) Related or (D) Revenue excluded from tax under sections 512-514 exempt function revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1b Membership dues \$1,539 Fundraising events 1c **d** Related organizations . . . 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f \$408,591 Noncash contributions included in lines 1a-1f: \$ \$79,950 Total. Add lines 1a-1f \$410,130 Program Service Revenue **Business Code** 2a Firecracker 5k 2,487 2,487 Elementary school run Youth track 2,170 2,170 Mill Race Marathon 174054 174,054 Youth Cross Country 5,756 5,756 All other program service revenue. 4,888 4,888 **Total.** Add lines 2a–2f 189,355 3 Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶ 4 5 Royalties (ı) Real (ii) Personal Gross rents : : . b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events C Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities . . Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold . . . Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a **75** 75

75

599,559

All other revenue

Total. Add lines 11a-11d . .

Total revenue. See instructions.

d

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	MI other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .		🛘
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	50,000	50,000		
2	Grants and other assistance to domestic	·			
	individuals. See Part IV, line 22	1,500	1,500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	··· · · · · · · · · · · · · · · · · ·	 		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		· · · · · · · · · · · · · · · · · · ·		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·			
а	Management	45,683	45,683		
b	Legal				
C	Accounting				
d	Lobbying	_		=	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	175,278	175,278		
13	Office expenses	1,058		1,058	· · · · · · · · · · · · · · · · · · ·
14	Information technology	24,381		24,381	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	,				
19 20	Conferences, conventions, and meetings . Interest				
	Payments to affiliates				
21 22	Depreciation, depletion, and amortization .				
23	Insurance	500	500		
24	Other expenses. Itemize expenses not covered	500	500		
4	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Event supplies - shirts, medals, trophies, pins,	110,582	110,582		
b	Safety - police, fire, emt, bike racks	61,084	61,084		
C	Facilities - rentals of venues, port-o-lets, tents,	21,632	21,632		
d	Youth Track Expense	5,761	5,761		
е	All other expenses	102	102		· · · <u> · · · · · · · · · · · · · ·</u>
25	Total functional expenses. Add lines 1 through 24e	497,560	472,121	25,439	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)		1		†

Net Assets or Fund Balances

27

28 29

Form 990 (2015) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 71,188 173,187 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 Assets 7 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11. 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 71,188 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26

	· •	1	
Temporarily restricted net assets		28	
Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Capital stock or trust principal, or current funds		30	
Paid-ın or capital surplus, or land, building, or equipment fund	_	31	
Retained earnings, endowment, accumulated income, or other funds.	71,188	32	173.187

Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

173,187

27

33

34

71,188

_	4	•
Page	П	4

<u> </u>	(2010)			ra	ye 1 <u>-</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 -		59	9,559
2	Total expenses (must equal Part IX, column (A), line 25)	2		49	7,560
3	Revenue less expenses. Subtract line 2 from line 1	3		10	1,999
4	The about of fair bearing of your (most offer the objection (47).	4			1,188
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_		
_		10		17	3,187
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	· ·	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		į .		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain in	1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓_
	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 over		-		_
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain the control of the organization changed either its oversight process or selection process during the tax year, explain the control of the organization changed either its oversight process or selection process during the tax year, explain the control of the organization changed either its oversight process or selection process during the tax year, explain the control of the organization changed either its oversight process or selection process during the tax year, explain the control of the organization changed either its oversight process or selection process during the tax year, explain the control of the organization changed either its oversight process.	aın in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in			_
	the Single Audit Act and OMB Circular A-133?		3a		<u>✓</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	iits.	3b		
			For	n 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name	of the organization					Employer identification	number			
Colun	nbus Running Club					35-20	72284			
Par						part.) See instructions.				
The c	rganization is not a private founda	tion because it is	s: (For lines 1 through	11, chec	k only or	ne box.)				
1	A church, convention of church									
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)				
3	A hospital or a cooperative hos									
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the			
5	An organization operated for a section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in			
6	A federal, state, or local govern	nment or govern	mental unit described	l ın sectio	on 170(b)	(1)(A)(v).				
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	the general public			
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its			
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).				
11	An organization organized and one or more publicly supported the box in lines 11a through 110	I organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	ion 509(a)(3). Check			
_				_			_			
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	-						
b	☐ Type II . A supporting organiz	zation supervised	d or controlled in con	nection w	rith its su	pported organization	n(s), by having			
	control or management of th organization(s). You must co	e supporting org	janization vested in th							
С	Type III functionally integra its supported organization(s)						y integrated with,			
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	dıstributi	on requirement and				
е	Check this box if the organiz functionally integrated, or Ty					• • • • • • • • • • • • • • • • • • • •	I, Type III			
f	Enter the number of supported of	organizations .								
g	Provide the following information	•	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	irganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v)					
——————————————————————————————————————												
Section A. Public Support												
		,										
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4.											
	on B. Total Support					,						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	activities, whether or not the business is regularly carried on											
10												
11 12	11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)											
13	First five years. If the Form 990 is for the											
Section	organization, check this box and stop he on C. Computation of Public Suppor			· · · · ·	· · · · ·	• • • • •						
14	Public support percentage for 2015 (line 6			1 column (f)		14	%					
15	Public support percentage from 2014 Sch		•			15						
16a	331/3% support test—2015. If the organi											
	box and stop here. The organization qua											
b	331/23% support test—2014. If the organ check this box and stop here. The organ				•	15 is 33¹/3%	or more,					
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta imstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly s	Explain in upported					
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the leets the "facts	facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st on n qualifies as a	op here. publicly					
	supported organization											
18	Private foundation. If the organization di instructions											

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.)

Casti	an A Dublic Connect	under the tee	no notou bor	w, picace co	inploto i dit i	••/	
	on A. Public Support	() 0044	# 1 0040	4 3 0040	<u> </u>		10 T.A.I
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	į					
•	received. (Do not include any "unusual grants.")	7545	13456	470194	674480	599489	1765164
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	95	5	25	40	70	235
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7640	13461	470219	674520	599559	1765399
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			:			
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	-		-			1765399-
Secti	on B. Total Support					<u>,</u>	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	7640	13461	470219	674520	599559	1765399
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	,,,,,,				33333	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b					·	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	7640	13461	470219	674520	599559	1765399
14	First five years. If the Form 990 is for the organization, check this box and stop her				=	ear as a section	
Secti	on C. Computation of Public Suppor			<u> </u>		<u> </u>	<u> </u>
	Public support percentage for 2015 (line 8			3 column (fl)	 	15	100 %
15 16	· · · · · · · · · · · · · · · · · · ·		-			16	100 %
16	Public support percentage from 2014 Sch				<u> </u>	110	100 %
	on D. Computation of Investment Inc				40)	47	
17	Investment income percentage for 2015 (17	0 %
18	Investment income percentage from 2014					18	0 %
19a	33¹ສ% support tests—2015. If the organi 17 is not more than 33¹ສ%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . 🕨 🗸
b	331/23% support tests—2014. If the organiz line 18 is not more than 331/23%, check this b						
00	Private foundation If the organization di		-				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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		
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.	3с		
4 a	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 (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	8		
9 a	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		i
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	1	1	1

determine whether the organization had excess business holdings.)

10b

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)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
Section	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. on B. Type I Supporting Organizations	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	163	140
•	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.			
	organizations and what conditions of 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.			
Conti		2	L	
Secu	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		162	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	ł		[
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ĺ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1	ļ ,	<u> </u>
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		l
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	İ	ŀ	
	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	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions).
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		ŀ	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		<u> </u>	
•	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	l _		
	•	2a_	ļ	-
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		ĺ	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	120	 	-
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	ļ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1	ł

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	rage
1- Check here if the organization satisfied the Integral Part Test as a qualifyin		· · · · · · · · · · · · · · · · · · ·	instructions All
other Type III non-functionally integrated supporting organizations must co	ompl	ete 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) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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		

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u> 7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
		h the every stire is an		
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	in the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			······································
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			······
3_	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u>b</u>				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			-
i	Carryover from 2010 not applied (see instructions)			· · · · · · · · · · · · · · · · · · ·
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount		·	
С	Remainder. Subtract lines 4a and 4b from 4.			· · · · · · · · · · · · · · · · · · ·
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
-				
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3		<u> </u>	 ,
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
<u>d</u>	Excess from 2014			
е	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE I (Form 990)

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" on Form 990, Part IV, line 21 or 22.

es or 22.

2015 OMB NO. 1545-0047,

Open to Public Inspection

Employer Identification number

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

Columbus	Columbus Running Club Part General Information on Grants and Assistan	on Grants and	Assistance					35-2072284
- Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility for	r the grants or assistance	e, and
the	the selection criteria used to award the grants or assistance?	award the grants	or assistance?					Yes No
2 Des	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	the use of grant ful	nds in the United	States.		
Part II	Grants and Other Assistance to Domestic O	ssistance to Do		ations and Dom	nestic Governm	ents. Complete if	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ered "Yes" on 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.	for any recipient	that received m	ore than \$5,000.	Part II can be d	uplicated if additio	nal space is needed.	
1 (a) Nam	1 (a) Name and address of organization or government	(p) 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	(1) Reach Healthy Communities							
2400 E. 17t	2400 E. 17th St., Columbus, IN 47203	35-6023714	501(c)3	\$25,000.00				-
(2) Colum	(2) Columbus Parks Foundation							
PO Box 858	PO Box 858, Columbus, IN 47202	35-1343903	501(c)3	\$25,000.00				1
(3)								
(4)								
								-
(2)								
(9)								_
(3								-
(8)								
(6)								
(10)								
(1)								
(12)								
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	ernment organizat	tions listed in the li	ne 1 table			
	Enter total number of other organizations listed in the line	rganizations listed	I in the line 1 table					0
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		ర	Cat. No. 50055P		Schedule I (Form 990) (2015)

Page 2	tance														1 1 1 1 1 1 1 1 1 1 1			990) (2015)
Part IV, line 22.	(f) Description of non-cash assistance						-	-	ional information.	ed using the funds.	 	 -				-	-	Schedule I (Form 990) (2015)
vered "Yes" on Form 990,	(e) Method of valuation (book, FMV, appraisal, other)								line 2, Part III, column (b), and any other additional information.	projects which were complet								
e organization answ	(d) Amount of non-cash assistance								ne 2, Part III, colum	each year showing the								
als. Complete if the	(c) Amount of cash grant								lion required in Part I, III	a program statement		-	-	-				
Domestic Individu	(b) Number of recipients									Running Club requires								
Schedule I (Form 990) (2015) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	(a) Type of grant or assistance (b) Number of recipients								Supplemental Information. Provide the informa	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 (For Part III		-	8	ဇ	4	S.	9	7	Part IV	To evaluate								

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

Open to Public Inspection

35-2072284

Department of the Treasury Internal Revenue Service

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. Name of the organization Employer identification number