Form 990-PF.

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury

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

Open to Public Inspection Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. SEPTEMBER 30 For calendar year 2016 or tax year beginning OCTOBER 1 2016, and ending A Employer identification number Name of foundation 20-8428900 SAUCONY RUN FOR GOOD, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 617-824-6000 500 TOTTEN POND ROAD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ WALTHAM, MA 02451 Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply ☐ Initial return ▶□ Amended return Final return 2. Foreign organizations meeting the 85% test, Name change Address change ▶□ check here and attach computation E If private foundation status was terminated under Check type of organization Section 501(c)(3) exempt private foundation 9 \(\mathcal{U} \) section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method. ☐ Cash ☒ Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) ▶ \$ 6,217 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (c) Adjusted net for charitable (b) Net investment amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income income the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 126,086 2 Check ▶ ☐ if the foundation is **not** required to attach Sch B ෧ 3 Interest on savings and temporary cash investments **C** Dividends and interest from securities APR 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain . 9 Income modifications Gross sales less returns and allowances 10a Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 126,086 0 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) b 8,661 Other professional fees (attach schedule) 8,661 Interest E FEB 2.2.2018
Taxes (attach schedule) (see instructions) 17 18 19 Depreciation (attach schedule) and depletion OGDEN, UT 20 Occupandy Travel, conferences, and meetings 21 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23. 0 8,731 8,731 \$.. Q 25 116,011 Contributions, gifts, grants paid 26 0 Total expenses and disbursements. Add lines 24 and 25 124,742 8,731 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 1,344 Net investment income (if negative, enter -0-) .

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Part II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	3,685	5,815	5,815
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
5	Grants receivable		402	402
6	Receivables due from officers, directors, trustees, and other			
1	disqualified persons (attach schedule) (see instructions) .			
7	Other notes and loans receivable (attach schedule) ▶		 	
	Less: allowance for doubtful accounts ▶			** ** ** *** *** *** *** *** *** *** *
<u>v</u> 8	Inventories for sale or use			
Assets 9 10a	Prepaid expenses and deferred charges			
8 10a	· · · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·	
Ь	Investments—corporate stock (attach schedule)			
C	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ▶	100 July 100	THE TOTAL PROPERTY OF THE PARTY	Mary of the state
'''	Loss assumulated depresentes (attach schodule)	318 3. / / / 3 38 38 4 K ft	<u> </u>	<u> </u>
12	Investment and a second		-	
13	Investments—mortgage loans Investments—other (attach schedule)			
14	Land, buildings, and equipment: basis			in an arise
14		3 / 3 2 2 3 3 3 3 3 4 5 4 5 5 4 5 4 5 4 5 4 5 4 5		
15	Less accumulated depreciation (attach schedule) ▶			
16	Other assets (describe)			
10	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2 605	6 017	6 015
47		3,685	6,217	6,217
17	Accounts payable and accrued expenses	1,112	2,300	
ဖွာ 18	Grants payable			
월 19	Deferred revenue			1,000
Liabilities 20 21 20 21	Loans from officers, directors, trustees, and other disqualified persons			
<u>.es</u> 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ►)			
23	Total Habilities (add lines 17 through 22)	1,112	2,300	
S	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
lances 24	Unrestricted			
E 24	• • • • • • • • • • • • • • • • • • • •			
ल 25 80 ac	Temporarily restricted .			
일 26	Permanently restricted			
.≒∣	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
ב	•			
O 27	Capital stock, trust principal, or current funds .		·	
Net Assets or Fund Ba 22 26 27 28 29 30 31	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS 29	Retained earnings, accumulated income, endowment, or other funds	2,573	3,917	er a line of the factor
₹ 30	Total net assets or fund balances (see instructions)	2,573	3,917	
원 ³¹	Total liabilities and net assets/fund balances (see			
l	instructions)	3,685	6,217	The state of
Part III	Analysis of Changes in Net Assets or Fund Balances		 	
	al net assets or fund balances at beginning of year—Part II, colu	ımn (a), line 30 (mus	t agree with	
	-of-year figure reported on prior year's return)		· <u>1</u>	2,573
	er amount from Part I, line 27a		2	1,344
	er increases not included in line 2 (itemize) ▶		3	
	l lines 1, 2, and 3		4	3,917
5 Dec	reases not included in line 2 (itemize) ▶		5	
6 Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lii	ne 30 . 6	3,917

Part	V Capital Gains and	Losses for Tax on Investment	Income				
		kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
<u>1a</u>							
<u>b</u>							
C							
<u>d</u> _ e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			or (loss)) minus (g)
a							
b							
С							
<u>d</u>							
<u>e</u>	Complete only for assets show	ring agin in column (h) and awned by th	o foundation	on 12/31/69			
	Complete only for assets snow	ring gain in column (h) and owned by the					(h) gain minus less than -0-) or
	(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any			rom col (h))
<u>a</u>							
b					 -		
d							
е							
2	Capital gain net income or	(net capital loss) { If gain, also			2		N/I
3		or (loss) as defined in sections 122 line 8, column (c) (see instruction			3		N/A
Part		r Section 4940(e) for Reduced	Tau an A	/ / / / / / / / / / / / / / / / / / /			
Vas t f "Ye	s," the foundation does not o	ection 4942 tax on the distributable qualify under section 4940(e). Do no	t complete	this part			☐ Yes ☐ No
		unt in each column for each year, se	e the instri	uctions before ma	akıng any	entries	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use as	ssets		(d) tribution ratio divided by col (c))
	2015	101,576			648		21.853
	2014	133,690			509		12.721
	2013	104,112			285		5,132
	2012	102,275			603		6.5541
	2011	84,789	<u>'L</u>	13,	817		6.136
2	Total of line 1, column (d)	or the 5-year base period—divide tl	ho total an	ino 2 hy E. or hy	2		52.399
J		ation has been in existence if less the			. 3		10.479
4	Enter the net value of nonc	haritable-use assets for 2016 from	Part X, line	5 .	4		11,13
5	Multiply line 4 by line 3				5		116,70
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			6		
7	Add lines 5 and 6				. 7		116,70
8	Enter qualifying distribution				8		116,70
	If line 8 is equal to or great Part VI instructions	er than line 7, check the box in Pa	rt VI, line 1I	b, and complete	that part	using a 1	1% tax rate. See th

Page	4

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instruction	is)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1)		
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		
	here ► 🗵 and enter 1% of Part I, line 27b		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		
	Part I, line 12, col. (b).	1	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
3	Add lines 1 and 2	0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	0	
6	Credits/Payments.		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a]	
b	Exempt foreign organizations—tax withheld at source]	
C	Tax paid with application for extension of time to file (Form 8868)		}
_d	Backup withholding erroneously withheld 6d		
7	Total credits and payments Add lines 6a through 6d	0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed		
9 10		0	
11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . > 10 Enter the amount of line 10 to be Credited to 2017 estimated tax > Refunded > 11	0	
	VII-A Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes	No
	participate or intervene in any political campaign?	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	"	 -
_	Instructions for the definition)?	1b	Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		· ** **
	published or distributed by the foundation in connection with the activities		
С	Did the foundation file Form 1120-POL for this year?	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1. %
	(1) On the foundation ►\$ (2) On foundation managers. ►\$		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		
	on foundation managers. ► \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
	If "Yes," attach a detailed description of the activities		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	_X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	_X
_b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
•	If "Yes," attach the statement required by General Instruction T		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	By language in the governing instrument, or By state legislation that offsetively amende the governing instrument so that no mandatory dissetions that		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		
7	· · · · · · · · · · · · · · · · · · ·	6 X	
, 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 X	**** ****
Ja	Enter the states to which the foundation reports or with which it is registered (see instructions) ► MASSACHUSETTS		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X	لتنهر
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"		لعدگ کا
	complete Part XIV	9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		 ``
	names and addresses	10	X

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► SAUCONYRUNFORGOOD. COM			
14	The books are in care of ► DAN GIPSON Telephone no ► 617-82	4-60	00	
	Located at ▶ 500 TOTTEN POND ROAD, WALTHAM, MA ZIP+4 ▶ 02451			·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year		•	▶ □
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
10	over a bank, securities, or other financial account in a foreign country?.	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶	<u> </u>		<u> </u>
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1.		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	, , , , , , , , , , , , , , , , , , ,	Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		31	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	7 7	6.40	1/2
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20, 20, 20, 20			183
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
c	all years listed, answer "No" and attach statement—see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2b	-20-	
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			12.
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	2.00%		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	+-	$+_{x}$
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	. 🔬	9.7	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	1	X

Page	6

Part	VII-B Statements Regarding Activities	es for W	hich Form	4720	May Be R	equire	d (contin	ued)		
5a	During the year did the foundation pay or incur	any amo	ount to							
	(1) Carry on propaganda, or otherwise attempt						☐ Yes	X No	,	
	(2) Influence the outcome of any specific pub		on (see secti	on 495	5), or to ca	irry on,		FT		.
	directly or indirectly, any voter registration of						☐ Yes	⊠ No		
	(3) Provide a grant to an individual for travel, st(4) Provide a grant to an organization other that					ibad in	Yes	⊠ No	·	
	section 4945(d)(4)(A)? (see instructions)	an a cha		Jigailiza	alion desci	ibeu iii	☐ Yes	⊠ No		
	(5) Provide for any purpose other than religiou	s. charita		c. litera	rv. or educ	ational		<u> </u>		
	purposes, or for the prevention of cruelty to						□Yes	X No	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	he transa	ctions fail to	qualify	under the	excepti	ons descr	bed in		
	Regulations section 53.4945 or in a current notice	e regardı	ng disaster as	sistanc	e (see instri	uctions)? .	•	5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶ □									
С	If the answer is "Yes" to question 5a(4), does			exemp	tion from	the tax	_	_		
	because it maintained expenditure responsibilit	•	•				☐ Yes	No	'	
6a	If "Yes," attach the statement required by Regul Did the foundation, during the year, receive any				to now need	i				
oa	on a personal benefit contract?	y lulius,	directly of inc	alrectly,	to pay pre	mums	Yes	⊠ No	. Sist	
b	Did the foundation, during the year, pay premiu	ıms dıre	 ctlv or indired	rtly on	a nersonal	henefi	_		6b	Zá din zá sa X
_	If "Yes" to 6b, file Form 8870		only or monor	July, 011	a porocriai	Bonon	· communi	•	8.5.	
7a	At any time during the tax year, was the foundation	a party t	o a prohibited	I tax she	elter transac	tion?	☐ Yes	X No		
	If "Yes," did the foundation receive any proceed								7b	
Part	VIII Information About Officers, Dire	ctors, 1	rustees, Fo	oundat	tion Mana	ıgers,	Highly P	aid E	mploy	ees,
1	and Contractors List all officers, directors, trustees, foundation					. (:	441			
	List all officers, directors, trustees, foundation		e, and average		npensation		Contributions		Γ	
	(a) Name and address	hou	rs per week ed to position	i (If n	ot paid, ter -0-)	emplo	yee benefit erred compe	olans		nse account, allowances
PATRI	CK O'MALLEY				,					
00 T	OTTEN POND ROAD, WALTHAM, MA 02451	DIR/PR	ESIDENT		0			0		0
RANK	A CARUSO		· - ·-							
.64 C	LAFIN STREET, BELMONT, MA 02478	DIR/TR	EASURER		0	_		0		0
HARO	N BARBANO									
	OTTEN POND ROAD, WALTHAM, MA 02451	DIR/SE	CRETARY_	_	0	_		0		0
	RD WOODWORTH				0			•		0
2 2	OTTEN POND ROAD, WALTHAM, MA 02451 Compensation of five highest-paid employe	DIR/VI	CE PRESIDENT							U
_		ees (oth		e incli	uded on li	ne 1_	eaa inetri	uction	s) If no	ane enter
	"NONE."	ees (oth		se inclu	uded on li	ne 1—	see instr	uction	s). If n	one, enter
		ees (oth	er than thos	_	uded on li	ne 1—	(d) Contribu	tions to	· 	
			er than thos (b) Title, and a	iverage veek	uded on li	_		tions to	(e) Expe	one, enter
	"NONE."		er than thos	iverage veek		_	(d) Contribu	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,
JONE	"NONE."		er than thos (b) Title, and a	iverage veek		_	(d) Contribu employee plans and c	tions to benefit eferred	(e) Expe	ense account,

	and Contractors (continued)	ployees,
3 Five	e highest-paid independent contractors for professional services (see instructions). If none, enter "NON	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NE		
		
tal num	ber of others receiving over \$50,000 for professional services	
Lai Hulli	ber of others receiving over \$50,000 for professional services	
art IX-	Summary of Direct Charitable Activities	
	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of one and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
	·····	
3		
4		
art IX-E	Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	the two largest program-related investments made by the roundation during the tax year on lines 1 and 2	Amount
·		
		\
2		
2		
	program-related investments. See instructions	
All other p	program-related investments. See instructions	
All other p	program-related investments. See instructions	
3	orogram-related investments. See instructions Ilines 1 through 3	

Part		ign found	dations,
	see instructions)	,,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of secunties	1a	
b	Average of monthly cash balances	1b	11,305
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	11,305
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	11,305
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	170
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,135
6	Minimum investment return. Enter 5% of line 5	6	557
Part		oundatio	ns
	and certain foreign organizations check here ▶ □ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	557
2a	Tax on investment income for 2016 from Part VI, line 5 . 2a	297 [3]	
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	557
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	557
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	557
Part	XII Qualifying Distributions (see instructions)		<u> </u>
. arc	Aut damying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	116,011
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	116,011
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	116,011
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whethe	

Part	XIII Undistributed Incon	ne (see instruction	ons)			
1	Distributable amount for 201		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
_	line 7					557
2	Undistributed income, if any, as o	the end of 2016				
a	Enter amount for 2015 only .					
b	Total for prior years 20,2					
3	Excess distributions carryover	i				
a	From 2011	84,098				İ
b	From 2012	101,514				
C	From 2013	94,883	1			
d e	From 2014	130,343				
•	Total of lines 3a through e	101,344		-		
Δ'	Qualifying distributions for 20°	 16 from Part XII	512,182			
•	line 4: ► \$ 116,011					
а	Applied to 2015, but not more					i
b	Applied to undistributed incon					
_	(Election required—see instruc		Sangle de la			
С	Treated as distributions out of		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 34- 240: 2
	required—see instructions)	00.pub (E.000.011				
d	Applied to 2016 distributable a	imount	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 32 15 8 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	A CO	557
e	Remaining amount distributed		115,454			337
5	Excess distributions carryover	•	113,434		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon
	(If an amount appears in colum					
	amount must be shown in colu					
6	Enter the net total of ea	ch column as				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	627,636			
b	Prior years' undistributed in			7,000		
	line 4b from line 2b .			0		
C	Enter the amount of prior year	rs' undistributed			10 × 11 48 (12 %)	
	income for which a notice of					
	been issued, or on which the	` '				
_	tax has been previously assess					
d	Subtract line 6c from line	e 6b Taxable				
	amount—see instructions		41 10 10 10 10 10 10 10 10 10 10 10 10 10	0		1 11
е	Undistributed income for 201					
	4a from line 2a Taxable instructions	e amount—see				
f		. O. I. I I. P		7. 4. 36.	0	/300
T	Undistributed income for 2016 4d and 5 from line 1. This a					
	distributed in 2017.	mount must be				
7		· · · ·	<u>'</u>			· // · // · // · // · // · // · // · /
•	Amounts treated as distribution to satisfy requirements impo					
	170(b)(1)(F) or 4942(g)(3) (El					
	required—see instructions)	oction may be			, ,	***
8	Excess distributions carryover	from 2011 not		1 17	3 34 3 33	
	applied on line 5 or line 7 (see		84,098	* · · · · · · · · · · · · · · · · · · ·	. ~′	, , ,
9	Excess distributions carry		04,090	7 7/4	/ ×/ */	, :
	Subtract lines 7 and 8 from line		543,538	4 *	* * * * * .	,
10	Analysis of line 9:		3.13,330		- × , · · · .	
а	Excess from 2012	101,514			2	,
b	Excess from 2013 .	94,883			1 4 4 4 4 5	
С	Excess from 2014 .	130,343		,;	, , ,	
d	Excess from 2015	101,344		1	Š	· · · · · · · · · · · · · · · · · · ·
е	Excess from 2016	115,454	*	'× *		

Page 10
r 4942(j)(5)
(e) Total
0
0
0
0
0
0
0
0
0
0
0
in assets at
the foundation
portion of the
es not accept

Form 990-PF (2016) Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) o Enter the lesser of the adjusted net Tax year Prior 3 years income from Part I or the minimum (a) 2016 (b) 2015 (c) 2014 (d) 2013 investment return from Part X for each year listed 85% of line 2a 0 0 0 0 c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 0 0 0 0 Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test-enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed "Support" alternative test-enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public more or exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more Part XV any time during the year—see instructions.) Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and do unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAUCONY RUN FOR GOOD, INC. 500 TOTTEN ROAD, WALTHAM, MA 02451 SAUCONYRUNFORGOOD.COM b The form in which applications should be submitted and information and materials they should include NONE

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Any submission deadlines

GENERALLY RESTRICTED TO PROGRAMS INVOLVING CHILDREN

NONE

Form 990-PF (2016)

3	Grants and Contributions Paid During t	ne Year or Approv	ed for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	
а	Paid during the year				
SEE	ATTACHED SCHEDULE				
					116,011
					ı:
			!		
			!		
	Total			▶ 3	a 116,011
b	Approved for future payment				
	Total		<u></u>		
	TOTAL			🕨 3	b

Pa	rt XV	I-A Analysis of Income-Producing Ac	ctivities				
Ente	r gro	ss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
	D		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Prog a	gram service revenue.			 	<u> </u>	
	ъ -			 			
	C -		<u> </u>		 		
	d -				<u> </u>		
	e -						
	f -		-				
	g F	ees and contracts from government agencies					
2		bership dues and assessments	-		 		
3		est on savings and temporary cash investments					
4		dends and interest from securities		<u>-</u>			
5		rental income or (loss) from real estate					
_		Debt-financed property					
		Not debt-financed property	-				
6		rental income or (loss) from personal property					
7		er investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10	Gros	ss profit or (loss) from sales of inventory					
11	Othe	er revenue a					
	b _						
	C _						
	ď						
	е				200		
		total. Add columns (b), (d), and (e)		0	Self. ef		<u> </u>
		al. Add line 12, columns (b), (d), and (e)			• •	. 13	C
		sheet in line 13 instructions to verify calculation		4 - 6 F	4.5		
	rt XV e No.	<u> </u>					
	V	Explain below how each activity for which accomplishment of the foundation's exempt pu	rposes (other tha	ortea in column in by providing fur	e) of Part XV) nds for such purp	i-A contributed i loses) (See instru	mportantly to the ctions)
							
							
							
						_ _	
							
							
			-				
							
							
		 					
				-			
		 			<u> </u>	-	
				·			<u> </u>
							
	-						
		 					

Form 98 Part		<u> </u>	Regarding Trans	fers To and Transac	tions and Re	elationshir	s With Noncha	ritabl		_{3e} 13
T CIT	7(31)		ganizations	icis io and manade	tions and re	SIGNOTISTRE	,5		•	
1	Did t			ngage in any of the follo	wing with eny	other organi	zation described	1.	Yes	No
	in se	ction 501(c) of th		ection 501(c)(3) organiza				, ,	- t	
	orga	nizations?						1		
а	Tran	sfers from the rep	orting foundation to	a noncharitable exempt	organization o	f:		٠	, ,	
	(1) C	Cash						1a(1)		X
	(2) C	Other assets .						1a(2)		X
b		er transactions:							ļ.	,
				npt organization				15(1)	├	<u> X</u>
	- •			ole exempt organization				1b(2)		<u> </u>
			• •	assets				1b(3) 1b(4)		X
		oans or loan gua.	-					1b(5)	 	$\frac{\hat{x}}{x}$
		•		or fundraising solicitat				1b(6)	$\vdash \neg \vdash$	X
С				s, other assets, or paid				10	\vdash	X
				" complete the followin					fair ma	
_	value	e of the goods, of	ther assets, or service	es given by the reportin	g foundation.	f the founda	ation received less	than	fair ma	arket
	value	e in any transactio	on or sharing arrange	ment, show in column (i) the value of	the goods, o	other assets, or se	rvices	receiv	≀ed.
(a) Line	no.	(b) Amount involved	(c) Name of noncha	ritable exempt organization	(d) Descrip	tion of transfer	e, transactions, and shi	ns grin	видете	nts
										
	-+									
							······································			
2a				liated with, or related to			ot organizations			
				her then section 501(c)(3)) or in section	n 527?	(] Ye	s 🔲 i	No
<u>b</u>	lf Y		following schedule.			····				
		(a) Name of organ	dzetion	(b) Type of organiza	ition	((c) Description of relation	nenip		·
					<u>-</u>					
		,								
										
***************************************	Unc	er penglies at pariery A	declare that I have examined	this return, including accompan	ying schedules and	statements, and	to the best of my knowle	dge and	belief, il	is tru
Sign	con	rect, and complete Dec	leration of preparer lighter than	taxpayer) is based on all inform	ation of which prepa	irer has any know	viedge.	iRS dist	uss this	refurn
Here	1 1	Wall	4 () Mus	1217/18	PRESIDENT		with the	prepare	nworls .	below
		nature of officer or tru		Date	Title		(see instr	ucions)i	LIYes	Пио
Paid		Print/Type prepare	r's name	Preparer's signature		Date	Check [] if	PTIN		
Prep	arer						self-employed			
Use							Firm's ⊟N ▶			
	~···	Firm's address ▶					Phone no			
								- Q	90-PF	-

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

20-8428900

SAUCONY RUN FOR GOOD INC.			20-8428900			
Organiz	Organization type (check one).					
Filers o	f:	Section:				
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation			
		527 political organization				
Form 99	90-PF	∑ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	ation			
		☐ 501(c)(3) taxable private foundation				
Note: O instructi Genera	ions.), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See			
Genera	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, con r property) from any one contributor. Complete Parts I and II See inst				
	contributor's total co					
Special	Rules					
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9) that received from any one contributor, during the year, total contributed the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line utions of the greater of (1)			
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, total contributions of more than \$1,000 exclusively for religious hall purposes, or for the prevention of cruelty to children or animals. Co	ıs, charıtable, scientific,			
	contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose Don't complete any less to this organization because it received nonexclusively religious, charitable during the year	ses, but no such outions that were received of the parts unless the			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Name of organization
SAUCONY RUN FOR GOOD INC.

Employer identification number

AUCONY RUN FOR GOOD INC. 20-8428900

Part L. Contributors (See instructions). Use duplicate copies of Part Lif additional space is needed.

rait i	Contributors (See instructions) Ose duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	SAUCONY INC. 500 TOTTEN POND ROAD WALTHAM, MA 02451	\$ 108,250	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization
SAUCONY RUN FOR GOOD INC.

Employer identification number

20-8428900

art II No	oncash Property (See instructions). Use duplicate co	opies of Part II if additional spac	ce is needed.
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No.	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. com art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Page	Z

Employer identification number

Name of organization

	RUN FOR GOOD INC.			20-8428900			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	ne year from any one	ontributor. (enter the total	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
		-					
(a) No. from	Use duplicate copies of Part III if additi	onal space is needed (c) Use of gift		(d) Description of how gift is held			
Part I	(b) Fulpose of gift	(c) use or gire	·	(d) Description of now gire is field			
İ							
-		gift					
j			_				
-	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-		(-) T	:64				
-	(e) Transfer of gift						
1	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
		(-) T					
}	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relation	ship of transferor to transferee			
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t 	(d) Description of how gift is held			
ļ							
}							
	Transferee's name, address, and	(e) Transfer of		nchin of transforce to transforce			
f	manisteree's name, address, and	1 417 7 4	Relation	nship of transferor to transferee			
]				·			

SAUCONY RUN FOR GOOD, INC. Form 990-PF, Part I Attachment FYE 09/30/2017

Part I, Line 1 Contributions, Grants				
Contributions from Saucony Inc. Contributions from Run Specialty Store	108,250 17,836			
Other Contributions	126,086			
Part I, Line 16c Professional Fees Bank Charges Temporary Help	624 8,037 8,661			
Part I, Line 18 Taxes				
Commonwealth of Mass filing fee	70			

SAUCONY RUN FOR GOOD, INC Form 990 PF, Part XV Grants and Contributions Paid During the Year or Approved for Future Payment FYE 09/30/2017

Recipient	Purpose of Grant	Amount
Lifestyle Changes for Obesity	General purposes contribution to support the exempt purposes of the organization Not limited to any specific program of the organization	6,500 00
YMCA of the North Shore	General purposes contribution to support the exempt purposes of the organization. Not limited to any specific program of the organization.	9,511 00
Run Hope Work	General purposes contribution to support the exempt purposes of the organization Not limited to any specific program of the organization	10,000 00
Rod Dixon's Kids Marathon Foundation	General purposes contribution to support the exempt purposes of the organization Not limited to any specific program of the organization	50,000 00
Whittier Street Health Center	General purposes contribution to support the exempt purposes of the organization. Not limited to any specific program of the organization.	10,000 00
Gilbert Public Schools Nutrition Services	General purposes contribution to support the exempt purposes of the organization Not limited to any specific program of the organization	10,000 00
Youth Enrichment Services (YES)	General purposes contribution to support the exempt purposes of the organization Not limited to any specific program of the organization	10,000 00
Waltham Boys & Girls Club	General purposes contribution to support the exempt purposes of the organization Not limited to any specific program of the organization	10,000 00
	Grand Total	\$116,011 00