Form **99**6

# 989 Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the 2	2017 calendar	year, or tax year be	eginning		, 2017, a	nd endin	9		, 20	
В	Check if a	pplicable C Nar	me of organization CO	LUMBUS RUN	NING CLUB				D Employ	er identification num	ber
	Address o	hange Don	ing business as			35-2072284					
	Name cha	nge Nur	mber and street (or P.C	te	E Telepho	ne number					
$\overline{}$	Initial retu	- 1	3OX 1317			812-342-2115					
$\exists$	Final return										
$\exists$	Amended	i	UMBUS, IN 47202					,	<b>G</b> Gross re	eceipts \$	
$\exists$			ne and address of prin	cipal officer: P	ANDALL STAFFOR	2D		H(a) is the a		subordinates? Yes	7 No
_	Applicatio	- 1	SANDPIPER LAN			(U,	2	1		s included? Yes	_
	Tax-exem		501(c)(3)			47(a)(1) or	1 527	<b>→</b> · · ·		a list. (see instructions)	
Ή.	Website:				) 4 (() Selt (10) L.1 43	47 (a)(1) OI	7	-	exemption		
K		ganization 🗸 Co		Association	Other ▶	TI Vas	r of formati			of legal domicile	IN
_	art I	Summary	TPOTATION	Association	Omar	1 100	ii or iorrian	1330	IVI State	or regar dornicite	134
		<del></del>	oe the organization	n'e mission or	most significant	activities:	THE MI	SSION OF 1	HE COLL	MRIIS DI INMINIC C	~
•	i	-	-		-						LUB
Activities & Governance			TE HEALTH AND W								
Z.			ROGRAMS AND AC								
Š	i .		x ▶ ☐ if the organ		•		sposea a	n more mai	1 -	its net assets.	_
Ğ			ting members of t	-			Para 415		3		
δ.	1		dependent voting		-				4		7
≝	1		of individuals emp		•	art V, line	2a) .		5		0
훓			of volunteers (esti			<u> </u>	<del></del>		6		1,000
Ř	7a	Fotal unrelated	d business revenu	ue from Part V	III, coluppie	NED.	·   ·		. 7a		0
	d	Vet unrelated	business taxable	income from		34	<u> </u>	· · · ·	7b		0
					NOV 1	2018		Prior Y	ear	Current Year	
<u>a</u>	1		and grants (Part \		12 · MO A T Y	7.2010.	RS-O		398,553	3	75,206
Revenue		Program service revenue (Part VIII, line 2g)								1	89,432
Š	10	nvestment ind	come (Part VIII, co	olumn (A), line:	s \$, 4, a <b>00GDE</b>	N, UT	[				
ш	11 (	Other revenue	e (Part VIII, column	n (A), lines 5, 6	d, 8c, 9c, 10c, ar	nd 11e) .			105		370
	12	Total revenue-	-add lines 8 throu	igh 11 (must e	qual Part VIII, colu	ımn (A), lır	ne 12)		588,703	5	65,008
	13 (	Grants and sir	milar amounts pai	d (Part IX, colt	umn (A), lines 1–3	3)			88,000		82,750
	14 E	Benefits paid	to or for members	s (Part IX, colu	mn (A), line 4) .		[				
Ś	15 8	Salaries, other	compensation, em	nployee benefit	ts (Part IX, column	(A), lines 5	5–10)				
Expenses	16a F	Professional fu	undraising fees (P	art IX, column	(A), line 11e) .		[	•			
ē	1		ing expenses (Par								
Ω								·····	453,971	4	62,244
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								<del></del>	
	ı	•	expenses. Subtra	•	•	•	´		541,971 46,733		20,014
- 8					· · · · · · · · · · · · · · · · · · ·		8	leginning of Co		End of Year	
Net Assets or Fund Balances	20 7	Total assets (F	Part X, line 16) .				<b>.</b> .	<del>-</del>	219,920	2	39,934
Age Ba	21		(Part X, line 26)					·	,,,,,		-0,004
₹Ĕ	22		fund balances. Su		from line 20		· ·	· · · · · · · · · · · · · · · · · · ·	219,920	2	39,934
	art II	Signature		Journal of Miles Ex				<del> </del>	213,320		33,334
		<del>-</del>	eclare that I have exam	uned this return in	ncluding eccompanyir	a schedules	end staten	nents and to t	he hest of r	my knowledge, and be	lief it is
			eclaration of preparer (							ny knowledge and be	iici, it is
		(1)	OD XIZA	20-3			····				
Sig	ın İ	Signature of	of officer	9				Da	rte	<del></del>	
Here		DANIE	L R. SLAT	, <del>772</del> 04 -	TREASURE	O		,	Voue ma	ine 13, 2010	P
_	-		nt name and title	1 201 )	NEMSURE		-		- 24.21110	12, 0000	
		Print/Type pre		Prepar	er's signature		Dat		T	PTIN	
Pa				,	<del>J :</del> :-				Check self-em	<u> </u>	
	eparer	l <u> </u>						1_	<del></del>	,	
Us	e Only		<u> </u>	•					n's EIN ▶	·····	
Ma	v the IDG	Firm's address	s ► return with the pr	renarer chour	above? (eas isst	ructions)		] Pho	one no	[7] V [7]	7 110
_		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		ructions)			• • •	Yes _	No
ror	raperwo	ork Reduction .	Act Notice, see the	e separate inst	ructions.		Cat No	11282Y		Form <b>990</b>	J (2017)

918



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 THE CITY OF COLUMBUS
	AND BARTHOLOMEW COUNTY, INDIANA, BY PROVIDING PROGRAMS AND ACTIVITIES WHICH ENCOURAGES
	PARTICIPATION IN RUNNING AND WALKING ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	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
-	escribe 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.
	the total expenses, and revenue, it any, for each program solving reported.
4a	(Code: ) (Expenses \$ 519,710 including grants of \$ 80,000) (Revenue \$ 163,687)
74	MILL RACE MARATHON - EVENT TO SUPPORT COMMUNITY WELLNESS. APPROXIMATELY 3,500 ADULTS AND 1,000
	YOUTHS PARTICIPATED IN 7 EVENTS FROM 200 METERS TO 26.2 MILES.
	***************************************
	***************************************
4b	(Code: ) (Expenses \$ 13,076 including grants of \$ 0) (Revenue \$ 10,979)
46	YOUTH CROSS COUNTRY - PROGRAM TO PROVIDE CROSS COUNTRY INSTRUCTION TO YOUTH AGED 7 TO 18. PROGRAM
	RUNS FROM SEPTEMBER THROUGH NOVEMBER AND PROVIDES INSTRUCTION AND TRAINING IN PROPER TECHNIQUE
	INCLUDING NUTRITION INFORMATION. OPPORTUNITIES TO COMPETE IN MEETS ARE AVAILABLE. PROGRAM IS
	ALIGNED WITH USA TRACK AND FIELD.
4c	(Code: ) (Expenses \$ 5,555 including grants of \$ 0) (Revenue \$ 5,900)
	ELEMENTARY SCHOOL RUN - PROGRAM IS TO PROVIDE ELEMENTARY STUDENTS WITH A SATURDAY OF TRACK EVENTS AS
	A WAY TO INTRODUCE STUDENTS TO THE SPORT OF TRACK. STUDENTS REPRESENT THEIR SCHOOLS AND TRAIN AS PART OF
	CURRICULUM FOR THE SCHOOL DURING THE SPRING IN ADVANCE OF THE EVENT.
	OURNOULDING ON THE SOUDCE DURING THE SPRING IN ADVANCE OF THE EVENT.
	······································
4d	Other program services (Describe in Schedule O.)
4U	Other program services (Describe in Schedule O.) (Expenses \$ 6.653 including grants of \$ 2.750) (Revenue \$ 6.858)
40	Total program and a service of the s
-70	1 otal program service expenses > 544,994



Part	Checklist of Required Schedules			
4	to the expenience described in section E01(a)(a) or 4047(a)(1) (ather than a private foundation)? If "Vee"		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		<b>✓</b>
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
b	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>√</b>
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		<b>▼</b>
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		<b>✓</b>
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		<b>√</b>

Part IV	Checklist of Required Schedules	/ 4. 1

			162	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<b>✓</b>
<b>~</b> 1	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		<b>√</b>
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		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 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		<b>▼</b>
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	-	<b>√</b>
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,			
а	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		<b>√</b>
c	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		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
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		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>√</u>
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		<u>▼</u>
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,	30		•
	Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>√</b>	
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Part V Statements Regarding Other IRS Filings and Tax Co	Compliance
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	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   37		Yes	No
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 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	A DATE OF THE PARTY OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		粉数	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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)?			
<b>.</b>		4a	经为数据	FA WYSO Y
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	-	<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<del></del>
7	gifts were not tax deductible?	6b	But Til	V 88 158
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u>/</u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7¢	ł	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			1 m 1/2
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Bullette Bill	CONTRACTOR OF THE CONTRACTOR O
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	98-5-43 18-5-43	(effects of the
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b	$\dashv$	<del></del>
10	Section 501(c)(7) organizations. Enter:	3D		
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			
	against amounts due or received from them.)			
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	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	entell (c)	x1 125,24
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	[	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	ليي	
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Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI		•	. <u>V</u>				
Sect	ion A. Governing Body and Management		V	T No.				
10	Enter the number of voting members of the governing body at the end of the tax year.		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1						
	if the governing body delegated broad authority to an executive committee or similar	ŀ	1	İ				
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	,						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		,					
	any other officer, director, trustee, or key employee?	2		1				
3	and the second s							
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>/</b>				
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	<u></u>	<b>✓</b>				
6 7a	Did the organization have members or stockholders?	6	1	<del> </del>				
74	one or more members of the governing body?	<b>,</b> ,	1	1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	-	-				
	stockholders, or persons other than the governing body?	7b	1	}				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u> </u>	,	11. 4				
	the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>				
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	·					
10a	Did the organization have local chapters, branches, or offiliates?	40-	Yes	No				
b	Did the organization have local chapters, branches, or affiliates?	10a		-				
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u>†                                     </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	······	1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13	<b>/</b>	ļ				
14 15	Did the organization have a written document retention and destruction policy?	14	✓	ļ				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}				
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b		1				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		$\vdash$				
1 <del>6</del> a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		,	1 1				
	with a taxable entity during the year?	16a		<b>/</b>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	,	-					
Co od:	organization's exempt status with respect to such arrangements?	16b		L				
<b>Secti</b>	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► INDIANA							
18	List the states with which a copy of this Form 990 is required to be filed <b>INDIANA</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	0)(3)0	onh/\				
	available for public inspection. Indicate how you made these available. Check all that apply.	. 501(	<sub>-)(-)</sub> 3	orny)				
	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest in the second of the secon	erest i	policy	, and				
	financial statements available to the public during the tax year.	•	. ,					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords:	<b>&gt;</b>					
	DAN SLATTERY, 1041 BAYSIDE COURT, COLUMBUS, IN 47201							

Form	990	(2017)	

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	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 employees."
- 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 ne	or any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee
(A) Name and Title	(B) Average			Pos neck		e than o		<b>(D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	office individue or directo				Highest compensated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	
(1) RANDALL STAFFORD - PRESIDENT				/				0	o	
(2) JEFF NEIWEDDE - VICE PRESIDENT				1				0		
(3) BRANDI LEGGE - SECRETARY				1				o	0	
(4) DAN SLATTERY - TREASURER				1				o	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees	(contin	ued)
						c) Ition					İ	
	(A)	(B)	٠,		eck	more	than o		(D)	(E)		(F)
	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportal compensation		Estimated amount of
		week (list any hours for			_			·	from	related organizati		other
		related	dire	stitu	Officer	ey e	nplo	Former	the organization	(W-2/1099-		compensation from the
		organizations below dotted	tual	tions		Key employee	yee yee	~	(W-2/1099-MISC)	l I	Ì	organization and related
		line)	Individual trustee or director	Institutional trustee		yee	mpe	l				organizations
			8	stee			Highest compensated employee					
(4.5)						$\vdash$	ă.	ļ				
(15)								1	ļ			
(16)						$\vdash$						
1.19/							ļ	ĺ				
(17)												
							<u> </u>	<u> </u>				
(18)								1				
								<b> </b>				
(19)									İ			
(20)				$\vdash$		-	-	<del> </del>				
(20)												
(21)				П		<del>                                     </del>						<del></del>
(22)												
<u> </u>									ļ			
(23)		•••••										
(24)				Н		$\vdash$		<u> </u>	<u> </u>			<del></del>
(24)			i					ĺ	ļ		ļ	
(25)				H		$\vdash$	ļ	$\vdash$				
<u> </u>									)			
1b	Sub-total			•	•			<b>&gt;</b>				
C	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>				
d							<u></u>	<b>&gt;</b>		L		· · · · · · · · · · · · · · · · · · ·
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) W	ho received m	ore than \$1	00,00	0 of
	reportable compensation from the organi	zation >							<del></del>			<del></del>
3	Did the organization list any former of	ficer direct	tar a	ır tri	uste	96	kev e	mn	lovee or high	est compe	ensate	Yes No d آئے گھ
_	employee on line 1a? If "Yes," complete s											3
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	rsatio	n ai	nd other comp	onsation fr	om the	
	organization and related organizations											
	ındıvidual						•		· · · ·			4 1
5	Did any person listed on line 1a receive of									ation or in	dividua	SALASSANIA INC. SACREMENT SALASSANIA
Conti	for services rendered to the organization	rii Yes, c	ompi	ete .	Scn	eau	ile J T	or s	ucn person	• • • •	<u> </u>	5 /
Section 1	on B. Independent Contractors  Complete this table for your five highest of	compensate	ad inc	land	nd	ont.	contr	acto	ore that receive	d more the	n \$10	0.000 of
•	compensation from the organization. Repyear.	•		•								•
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
NOT A	PPLICABLE	<del></del>							·····	<del></del> -		1
	Total number of independent controls	ra Gaalera'	I			las - 11		A1-	and Bakasi at		<u> </u>	T + 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2	Total number of independent contractor received more than \$100,000 of compens							τn	ose listed abo	ove) who		

Par	t VIII	Statement of Reve	enue					-	, age u
		Check if Schedule C	contains a	a res	ponse or note t	o any line in thi	s Part VIII		· ·
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	3	1a					
Grants	b	Membership dues .		1b	2,008				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events .		1c					
	d	Related organizations		1d					
	е	Government grants (cor		1e					
	f	All other contributions, g							
들		and similar amounts not inc	L	1f	375,206				
<u>a</u> <u>a</u>	9	Noncash contributions include		11 \$	77,611				
	h	Total. Add lines 1a-1	<u>†</u>	·:		377,214		alore to the control of	
Program Service Revenue	0-	Fi			Business Code				
ě	2a	Firecracker 5k				4,974	†	<del>                                     </del>	
8	b	Elementary School Ru Youth track/other	n 			5,900	<del>                                     </del>		
Ž	c   d	Mill Race Marathon				1,884			
Š	e	Youth Cross Country				163,687			
gra	f	All other program ser	vice revenu	Α		10,979			
g.	g	Total. Add lines 2a-2			<b>D</b>	187,424			
	3	Investment income		divide	ends, interest,	107,724	THE STATE OF THE SECTION OF THE SECT	2.7.4.2.4.2.12.12.12.12.12.12.12.12.12.12.12.12.1	7-27-27-4-1-1-1-2-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1
		and other similar amo			•	. 1			
	4	Income from investment	t of tax-exen	npt bo	ond proceeds ►				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents						384	
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (	<del></del>		<u> ▶</u>				
	7a	Gross amount from sales of	(i) Securitie	es .	(ii) Other				
	١.	assets other than inventory			•				
	b	Less, cost or other basis							
	_	and sales expenses .							
	C	Gain or (loss)							
	d	Net gain or (loss) .		٠ ,	· · · · ·				
9	8a	Gross income from fu	ndraising						
/en	,	events (not including \$							
Other Revenue		of contributions reporte	ed on line 1c	5.					
9									
돌	b	Less: direct experises		ь	-				
	С	Net income or (loss) fi	rom fundrai	sıng e	events . ►	The second consistency of second of			20444446222242222222
İ	9a	Gross income from ga							
	b	Less: direct expenses							
	C	Net income or (loss) fr			/ities ▶				
	าบล	Gross sales of in							
		returns and allowance		- 1					
1		Less: cost of goods so			nton				
	С	Net income or (loss) fr		Inve	ntory ► Business Code		V. with Section 1995 and Section 1995	ACCUSED NO SECURE OF SECURE ACCUSED	
	11a	Shirt Sold			Duaness Code				
.	b	31111 301Q		}		370	370		<del></del>
	c		,	}					•
	d	All other revenue .		}					
ļ		Total. Add lines 11a-		L		370			
	12	Total revenue. See in			▶	565,008		マステムのスプリンスの、「TOS: HP 2.00 (公司) (1972年)	THE PARTY OF THE PROPERTY OF T

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, 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	٠.,٠			
	and domestic governments See Part IV, line 21 .	80,000	80,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,750	2,750		
3	Grants and other assistance to foreign	+	_,		DECEMBER 1985
<u>.</u>	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		•	Sand Street Town Control Street Street Street Street	The state of the s
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		r	,	
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	,		,	4
,11	Fees for services (non-employees):				
а	Management	40,000	40,000	<u> </u>	
b	Legal		,	,	
c	Accounting	,,,,			-
a	Lobbying		E ENTER OF DESCRIPTION OF THE PERSON OF THE	National Particular Assessment	
f	Professional fundraising services. See Part IV, line 17 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	175,932	175 022	1 .	
13	Office expenses	686		686	
14	Information technology	20,152		20,152	
15	Royalties		•		,
16	Occupancy		-		
17	Travel	•			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		•	•	•
19	Conferences, conventions, and meetings .			<b>)</b>	
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates		<u> </u>		
22 23	Depreciation, depletion, and amortization Insurance				-
23 24	Other expenses. Itemize expenses not covered	614		. 614	
24	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.)				
'nа	Event Supplies	115,164	115,164	Carlotte Carlotte Control Control Control Control Control	New Action Control of the Print
b '	Safety .	- 63,036			
C	Facilities	23,994	23,994		
. d	Youth Program	22,666	22,666		<u> </u>
е ЭБ	All other expenses  Total functional expenses. Add lines 1 through 24e			•	
25 26	Joint costs. Complete this line only if the	544,994	523,542	21,452	
£ <b>U</b>	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)		-		

P	art X	Balance Sheet			
	• •	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	219,920	1	239,934
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
•	5	Loans and other receivables from current and former officers, directors,			
	.	trustocs, key omployees, and highest compensated employees.  Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
g		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	<u> </u>
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	<del></del>	9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
•	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	219,920	<del></del>	239,934
	17	Accounts payable and accrued expenses	210,320	17	200,000
	18	Grants payable		18	
	.19	Deferred revenue		19	,
	50,	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	1	Loans and other payables to current and former officers, directors,	(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	DOCUMENT OFF	
		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ē.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	,
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	,	25	
	26	Total liabilities. Add lines 17 through 25	<del> </del>	26	
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	
ces	}	complete lines 27 through 29, and lines 33 and 34.			
퍨	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
멀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		. 31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	219,920	32	239,934
<u>let</u>	33	Total net assets or fund balances	219,920		239,934
_	34	Total liabilities and net assets/fund balances	219,920		239,934

_		•
Page	ı	L

				-3
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.                                    </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		65,008
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,994
3	Revenue less expenses. Subtract line 2 from line 1	3		20,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	19,920
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	Other changes in net assets or fund balances (explain in Schedule O) [	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	2	39,934
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u>. 🗆</u>
			Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled 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	d 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 accour		2c	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in		
	the Single Audit Act and OMB Circular A-133?		3a	<b>✓</b>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		-	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b	<u></u>
			Form 99	0 (2017)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number **COLUMBUS RUNNING CLUB** 35-2072284 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 3318% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331,3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization 60 FIN (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E) Total

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	1				i	
_	received. (Do not include any "unusual grants.")	470,197	674,357	599,485	588,599	564,638	2,897,273
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	1					
_	organization's tax-exempt purpose	25	164	75	105	370	739
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
		<u> </u>					
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	ļ	· · · · · · · · · · · · · · · · · · ·				<del></del>
	furnished by a governmental unit to the						
	organization without charge	}					
6	Total. Add lines 1 through 5	470,222	674,521	599,560	588,704	565,008	2,898,012
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						
Co od:	line 6.)	<b>企业的企业工程</b>		<b>本公共政策等就成</b>	はいいできる	<b>多种种心理心理能</b>	2,898,012
	on B. Total Support dar year (or fiscal year beginning in)	(-) 2012	(h) 001.4	(a) 001E	(4) 0046	(=) 0047	/O Total
Galeii 9	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a	Gross income from interest, dividends,	470,222	674,521	599,560	588,704	565,008	2,898,012
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .					-	
b	Unrelated business taxable income (less				:		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business					i	
	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	470,222	674,521	599,560	588,704	565,008	2,898,012
17	organization, check this box and stop he	_			_		1 50 1(c)(s) 
Secti	on C. Computation of Public Suppo				· · · · ·	<del></del>	<u> </u>
15	Public support percentage for 2017 (line			3. column (f))		15	100 %
16	Public support percentage from 2016 Sci	• • • • • • • • • • • • • • • • • • • •	•			16	100 %
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 2017 (			y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2017. If the organ	ization did not	check the box	on line 14, an	nd line 15 is m		•
	17 is not more than 331/3%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	a publicly suppo	orted organization	on . ▶ 🗸
b	331/3% support tests—2016. If the organiz				•		•
	line 18 is not more than 331/3%, check this	-	_	-	•		_
20	Private foundation. If the organization d	id not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

**SCHEDULE I** (Form 990)

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.

P Attach to Form 990.

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n sec.	1990 for the latest l
Attach to Form 990.	1990 for
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OMB No 1545-0047 Open to Public Inspection 20

Department of the Treasury Internal Revenue Service		▼ Go to M	<ul> <li>Attach to Form 990.</li> <li>to www.lrs.gov/Form990 for the latest information.</li> </ul>	Form 990. Ofor the latest Inf	ormation.		Upen to Public Inspection
Name of the organization						Emp	Employer identification number
COLUMBUS RUNNING CLUB							35-2072284
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs	stantlate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assista	nce, and
2 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 fur	nds in the United	States.		ı
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do for any recipient	mestic Organiz that received me	ations and Dom ore than \$5,000.	estic Governm Part II can be d	nents. Complete if uplicated if additic	the organization and shall space is needed	swered "Yes" on Form
1 (a) Neme and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEALTHY COMMUNITIES 2400 17TH ST., COLUMBUS, IN 47203	35-6023714	501(c)3	\$40,000				Healthy food intiatives
(2) COLUMBUS PARKS FOUNDATI PO BOX 858, COLUMBUS, IN 47202	35-1343903	501(c)3	\$40,000				Healthy activities
(9)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)				-			
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government orga 3 Enter total number of other organizations listed in the line 1 t	501(c)(3) and gov organizations listed	יי שו	inizations listed in the line 1 table	ne 1 table			2 0
For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instruction	s for Form 990.		ð	Cat. No. 50055P		Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

community. The Mill Race Marathon committee has ongoing dialouge with the 2 organizations to ensure the organization's goals are adequately met. The Mill Race Marathon committee evaluates all grants. Grants are made to qualifying non-profit entities. The committee's focus in on supporting organizations that support Schedule ! (Form 990) (2017) (f) Description of noncash assistance healthy lifestyles, consistent with the goal of the Mill Race Marathon. The 2 organizations supported this year support healthy food initiatives and healthy activities in the Columbus IN Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of reciplents (a) Type of grant or assistance Part IV Ø G 4 S Ø

#### 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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection
Employer identification number

COLUMBUS RUNNING CLUB	35-2072284
Part III, 4d: Expenses of \$6,653 includes 1)costs to fund the Youth Track program during the spring/s	ummer, 2) 2 scholarships for
graduating high school seniors entering college, 3) free training to the community to teach running, n	utrition and other skills plus
weekly running activities leading up to participation in the Mill Race Marathon, Half Marathon or 5k rac	es, and 4)other expenses of the
Club to support running/walking activities within the Columbus IN area community.	***************************************
Part III, 4d: Revenue of \$6,858 from fundraising activities for the club, program fees for Youth Track a	nd other sources.
Part VI, Section A, Items 6, 7a and 7b: All 3 boxes were checked "yes". The club has members who page 1.	ay annual dues of \$30 for individuals
andd \$40 for families. A minimum of 10% of the members of the Club are needed to elect 4 officers of	the Club, annually. The Club holds
meetings periodically, as needed, during the year. The officers of the Club vote on and approve busin	ess activities fo the Club.
Members of the Club are notified of decisions taken by the officers through postings of meeting minut	es on the Club's website.
The by-laws of the club require certain decisions must be taken to a quorum fo the membership for a	pproval.
Part VI, 11b: The form 990 is reviewed by the Club's officers via an email request, prior to filing and the	e form 990 is posted on
the Club's website for all members to review after it has been filed.	
Part VI, 19: A policy manual is available from the organization's President, upon request. Financial St	atements are reviewed by the
Treasurer at a meeting with the officers and membership after the year's accounting is finalized and ar	e available upon request. The
by-laws are posted on the Club's website.	
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***************************************	