

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceA For the 2018 calendar year, or tax year beginning JANUARY 1, 2018, and ending DECEMBER 31, 2018

B Check if applicable	C Name of organization <u>TAHOE ROAD RUNNERS CLUB OF AMERICA</u>	D Employer identification number <u>68-0356566</u>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	E Telephone number <u>775-588-2864</u>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return/terminated	F Group Exemption Number <u>2702</u>
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <u></u>

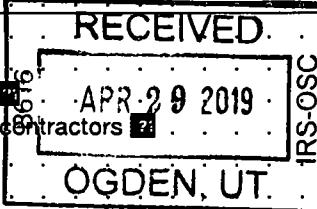
I Website: <u>http://tahoemtnmilers.org</u>	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
---	---

J Tax-exempt status (check only one) 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association OtherL Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 194,222

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 <u>—0—</u>
	2 Program service revenue including government fees and contracts	2 <u>177,258</u>
	3 Membership dues and assessments	3 <u>206</u>
	4 Investment income	4 <u>4</u>
	5a Gross amount from sale of assets other than inventory	5a <u>—0—</u>
	b Less: cost or other basis and sales expenses	5b <u>—0—</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <u>—0—</u>
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <u>—0—</u>
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b <u>—0—</u>
c Less: direct expenses from gaming and fundraising events	6c <u>—0—</u>	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d <u>—0—</u>	
7a Gross sales of inventory, less returns and allowances	7a <u>16,754</u>	
b Less: cost of goods sold	7b <u>14,949</u>	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c <u>1,805</u>	
8 Other revenue (describe in Schedule O)	8 <u>—0—</u>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <u>179,273</u>	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 <u>36,565</u>
	11 Benefits paid to or for members	11 <u>—0—</u>
	12 Salaries, other compensation, and employee benefits	12 <u>—0—</u>
	13 Professional fees and other payments to independent contractors	13 <u>—0—</u>
	14 Occupancy, rent, utilities, and maintenance	14 <u>—0—</u>
	15 Printing, publications, postage, and shipping	15 <u>1,248</u>
	16 Other expenses (describe in Schedule O)	16 <u>147,164</u>
	17 Total expenses. Add lines 10 through 16	17 <u>184,977</u>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <u>(57,704)</u>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <u>63,005</u>
20 Other changes in net assets or fund balances (explain in Schedule O)	20 <u>—0—</u>	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <u>57,301</u>	



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	63,005	57,301
23	Land and buildings	22	23
24	Other assets (describe in Schedule O)	24	
25	Total assets	63,005	57,301
26	Total liabilities (describe in Schedule O)	25	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,005	57,301

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	WE WERE ABLE TO DONATE CASH TO MANY LOCAL COMMUNITY ORGANIZATIONS. SEE SCHEDULE O, PART I #10 GRANTS		
29	(Grants \$ 36,565) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	36,565
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
32	Other program services (describe in Schedule O) SEE PART I, #16 EXPENSES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	147,164
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	183,729

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

21	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
	EJ MALDONADO - PRESIDENT	10	-0-	-0-	-0-
	MARK STRUBBLE - PAST PRESIDENT	2	-0-	-0-	-0-
	CHERYL LLOYD - VICE PRESIDENT	2	-0-	-0-	-0-
	LESLIE WUNDER - SECRETARY	2	-0-	-0-	-0-
	CAROL NAGEOTTE - TREASURER	4	-0-	-0-	-0-
	SHEREE GANSKE - DIRECTOR	2	-0-	-0-	-0-
	CHERYL SURFACE - DIRECTOR	1	-0-	-0-	-0-
	BOB SHFBEST - DIRECTOR	1	-0-	-0-	-0-

Part V. Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► CAROL MAGETTE Telephone no. ► 775-588-2864
Located at ► 102 CAROL CT / PO BOX 6293, STATELINE, NV ZIP + 4 ► 89449-6293 42b

b 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)? If "Yes," enter the name of the foreign country ►
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

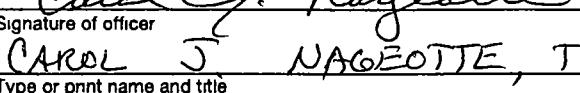
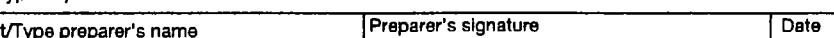
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
Part VI Section 501(c)(3) Organizations Only		46 <input checked="" type="checkbox"/>																														
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.																																
Check if the organization used Schedule O to respond to any question in this Part VI <input type="checkbox"/>																																
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/> 47 <input type="checkbox"/> ?																														
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input checked="" type="checkbox"/> 48 <input type="checkbox"/> ?																														
b	If "Yes," was the related organization a section 527 organization?	<input checked="" type="checkbox"/> 49a <input type="checkbox"/> ?																														
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	<input checked="" type="checkbox"/> 49b <input type="checkbox"/> ?																														
<table border="1"> <thead> <tr> <th>(a) Name and title of each employee</th> <th>(b) Average hours per week devoted to position</th> <th>(c) Reportable compensation (Forms W-2/1099-MISC)</th> <th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th> <th>(e) Estimated amount of other compensation</th> </tr> </thead> <tbody> <tr><td>NO</td><td></td><td></td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	NO					NO					NO					NO					NO					f Total number of other employees paid over \$100,000 ►
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																												
NO																																
NO																																
NO																																
NO																																
NO																																
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	<input type="checkbox"/> 51																														
<table border="1"> <thead> <tr> <th>(a) Name and business address of each independent contractor</th> <th>(b) Type of service</th> <th>(c) Compensation</th> </tr> </thead> <tbody> <tr><td>NO</td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td></tr> <tr><td>NO</td><td></td><td></td></tr> </tbody> </table>		(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation	NO			NO			NO			NO			NO			d Total number of other independent contractors each receiving over \$100,000 ►												
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																														
NO																																
NO																																
NO																																
NO																																
NO																																
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge																																
Sign Here <input checked="" type="checkbox"/>	 Signature of officer  Type or print name and title																															
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► Firm's address ►	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN Firm's EIN ► Phone no.																														
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No																																

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 <u>Carol J. Nageotte</u> Signature of officer	4-23-19 Date
	 <u>CAROL J. NAGEOTTE, TREASURER</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone number ►		

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

ROAD RUNNERS CLUB OF AMERICA
TAHOE MOUNTAIN MILERS RUNNING CLUB

Employer identification number

68-0356566

09

Part I 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.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 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)**.
 7 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.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 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:
 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
 11 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 12g.
 a **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.**
 b **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.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)		(vi) Amount of other support (see instructions)
				Yes	No	
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33½% support test—2018. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2931	2422	4321	365	206	10,245
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .	166,054	180,296	174,441	170,879	179,063	870,733
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .	168,985	182,718	178,762	171,244	179,269	880,978
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . .						
8 Public support. (Subtract line 7c from line 6.) . . .						880,978

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 . . .	168,985	182,718	178,762	171,244	179,269	880,978
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	2	1	2	3	4	12
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .	2	1	2	3	4	12
c Add lines 10a and 10b . . .	2	1	2	3	4	12
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .	168,987	182,719	178,764	171,247	179,273	880,990
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . .	15	100 %
16 Public support percentage from 2017 Schedule A, Part III, line 15 . . .	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . . .	17	0 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17 . . .	18	0 %
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in **Part I**, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I of Schedule L (Form 990 or 990-EZ)**.

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete **Part I of Schedule L (Form 990 or 990-EZ)**.

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use **Schedule C, Form 4720**, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Tahoe-Mountain Millers Running Club

Employer identification number

68-0356566

Part I, #10 Grants Paid

3,040 Girls on the Run

537 Metavivor

1,750 American Legion Post #4

2,250 Boy Scout Pack #341

500 Muscle Powered

4,000 Eyes for Tomorrow

435 Guide Dogs for the Blind

2,553 Awaken

200 St Baldrick's Foundation

2,000 South Lake Tahoe High XC

3,500 Carson High XC

2,800 Dayton High School

1,000 Boy Scout Pack #150

1,500 LTNSP Mountain Bike Patrol

2,000 Carson High Volleyball

2,000 ARES Inc.

2,500 Northern Nevada Children's Cancer Foundation

1,500 Food Bank of Northern Nevada

500 Tahoe Rim Trail Association

1,000 TRTA Children's Backcountry Program

1,000 Honor Flight Nevada

\$36,565 Total Donations

Name of the organization Tahoe Mountain Milers Running Club	Employer identification number 68-0356566
--	--

Part I, #16 Other Expenses

\$ 18,606 Equipment Rental, tents, porta potties, lights, generator, dumpsters, highway message signs, cones

16,887 Equipment Purchase, 2 generators, bleachers, pop-up tents, tables, electrical cords

24,391 Awards

761 Office Supplies

1,695 Wireless Data

3,389 Vehicle Rental, uhaul, vans

5,620 Storage Facility Rental

4,089 Website Expenses

1,270 Advertising

330 Lodging

1,270 NV Sales Tax

1,364 Fuel

17,720 Event Food, aid stations

7,673 Food Trucks, catering

1,261 Ice

7,932 Permits, Forest Service, NV State Parks, Carson City Recreation, Diamond Peak

27,278 T-shirts, swag

325 Race Supplies, bibs, pins

1,613 Timing

639 Constant Contact

1,420 Race Photos

69 Bank Fees

112 PO Box

1,450 RRCA Membership and Insurance

\$147,164 Total Expenses

Part III, Statement of Program Service - Provide recreational & competitive running/walking events for individuals & groups. Support general fitness

and well-being of the community from youth to seniors. Beneficiaries are charitable organizations in the community