(Rev. January 2020)

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 2019

Open to Public

Department of the Treasury

▶ 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. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 2019, and ending 20 Check if applicable D Employer identification number В C Name of organization Loledo Roadrunners Club Address change Doing business as 23-7283854 Name change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number \Box Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Maumee, OH 43537 H(a) is this a group return for subordinates? Yes No Application pending F Name and address of principal officer H(b) Are all subordinates included? Yes No 4947(a)(1) or 527 Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) If "No," attach a list. (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: Promoting health through Races including 5K, 10, 25K Activities & Governance Marathon and 1/2 Marathon Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI) 5 Total number of individuals employed in calendar year 2019 (Part V) line 2a 5 Total number of volunteers (estimate if necessary) 6 2000 Total unrelated business revenue from Part VIII, column (C), line, 12 7a Net unrelated business taxable income from Form 990-T_line 7b Pnor Year Current Year Contributions and grants (Part VIII, line 1h) . 14,026 17,815 9 Program service revenue (Part VIII, line 2g) 834,401 795,272 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 526 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 848,812 813,613 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 43,012 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21.600 24,590 Professional fundraising fees (Part IX, column (A), line 11e) 16a 39,722 44,065 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 693,470 691,216 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 814,188 802,883 19 Revenue less expenses. Subtract line 18 from line 12 34.624 10,730 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 461,466 472,196 21 Total liabilities (Part X, line 26) . . . 22 Net assets or fund balances. Subtract line 21 from line 20 472,196 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I If Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address ▶ Phone no Yes No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)

Cat No 11282Y

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Part				Accomplishmer		D+ III	
					to any line in this i	Part III	<u> U</u>
1	•	scribe the organ					
						on.	
2	Did the or	ganization unde	rtake any sign	ificant program s	ervices during the y	vear which were not listed on the	e
	prior Form	990 or 990-EZ	?				☐ Yes 🗹 No
	If "Yes," d	escribe these n	ew services on	Schedule O.			
3	Did the o	rganization cea	ise conducting	g, or make signi	ficant changes in	how it conducts, any program	n
							☐ Yes ☑ No
	If "Yes," d	escribe these cl	hanges on Sch	iedule O.			
4						ts three largest program service	
						ort the amount of grants and all	ocations to others,
	the total e	xpenses, and re	evenue, ir any,	ror each program	service reported.		
45	(Code:	\ /Evner	nses \$	ıncludınd	grants of \$) (Revenue \$	
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41-	(O = d = :) /F	¢) (Davierous &	
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	(Expenses		including g	rants of \$) (Revenue	e \$)	
<u>4e</u>	Total prog	ram service exp	enses >				

Fárm 990 (2019) **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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		√
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		√
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		✓
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		✓
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		✓
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		✓
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		✓
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		<u>√</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I. Parts I and II.	21		./

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		/
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	▼
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		i –	Ť
•	to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	✓
30	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		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		1
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Iv-	
1.	Enter the number reported in Box 3 of Form 1006. Enter 10 if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Del the applicable and the second of the	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

en	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		la . das	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a	F. 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	\$1850-1850E	DEEK +×800
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	A TOTAL		- marraga
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	✓
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	<u> </u>	↓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1.	i	١.
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	The same	√
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).		Z.A.	34
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	 √
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Girls	Phi
а	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	 		Ì
·	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year		M. L.	DE ST
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	122-200	200
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		
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		
9	Sponsoring organizations maintaining donor advised funds.	19.3 W	X.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ĭ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	T.X		
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
þ	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		強導	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	變更		
	against amounts due or received from them.)	松	1343	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	/7. n. 16 ²	3 3 3 5 7 7 7
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	學學		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	性變	()	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1. deshubit NO	1377/2 144
	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	一位		9
C	Enter the amount of reserves on hand	FEET	"重"	2000年至
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		Erager ru
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	た際で現	5 48°C
	If "Yes," complete Form 4720, Schedule O.			

Fart	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗆
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	TEN TEN	23	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		建理	1
	committee, explain on Schedule O.			
ь	Enter the number of voting members included on 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	(9) But "B	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<u> </u>	/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	/	dincidat.
b	Each committee with authority to act on behalf of the governing body?	8b	1	Ì
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.4	2種.1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		1
С	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		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		TO THE STATE OF	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√
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	推變		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Stan Root 9574 Sheffield Rd Perrysburg, OH 43551 419-250-0496			

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Fam	aan	(2019)	

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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization noi	any relate	d org	aniz	atic	n c	ompe	ensa	ated any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)		-4 -1		ition			(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated amount
	hours per week	office	er and	dad	irect	or/trus	tee)	compensation from the	compensation from related	of other compensation
	(list any	유코	hst	Officer	ē	필등	Former	organization	organizations	from the
	hours for	ared Nick	ğ	Cer	en	b es	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	or a	ρΩ		Key employee	8 8				related organizations
	below	Individual trustee or director	쿹		yee	l pe				
	dotted line)	6	Institutional trustee			Highest compensated employee				
		<u> </u>	_			<u> </u>	<u> </u>			
(1) Tom Silva, President	10			,						
(2)			_	✓	_		├-			
(2) Sara Anderson, Vice-President	10	ł		1						
(3) Stan Root, Treasurer	10			Ť			一			
1.7-7. Sam Noot, 110a30101	<u></u>			/				19,200		
(4) John Kirtos, Secretary	10						Г			
]		✓						
(5)										
	·	L	ļ.,			Ļ	<u> </u>			
(6)										
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(13)	 									
(14)		ļ		 			 -			·
(14)		· ·						1		

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emį	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
<u></u>	(A)	(B)			Pos neck		e than		(D)	(E)		(F)
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	office or directo				bot w Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Report compen from re organiza (W-2/1099	sation lated ations	Estimated amount of other compensation from the organization and related organizations
(15)							<u> </u>					
(16)								_				
(17)												
(18)								_				
(19)								_				
(20)												
(21)												
(22)												And.
(23)												
(24)									···-		_	
(25)												
1b c	Subtotal	VII, Sectio	n A					→ →	19,200		0	0
2	Total number of individuals (including but reportable compensation from the organic	not limited	to th	ose	list	ed a	above	e) w				
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	officer, dire						mpl		t compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole d	com	per	satio	n a s,"	nd other comper complete Sched	nsation fro dule J fo	om the r such 	4
5	Did any person listed on line 1a receive o for services rendered to the organization?									ion or inc		5 🗸
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo	•										
	(A) Name and business addr	ress							(B) Description of serv	ices		(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed above	e) who		

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule	O co	ntains a re	espor	ise or note to a	iny line in this Pa	art VIII	<u> </u>	· · · · <u> </u>			
						, _	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ts	1a	Federated campaig	ns .	,	1a			234116745757					
Grants nounts	b	Mcmbership dues			1b	17,81	5			Marional Andrew de Communication			
9 E	С	Fundraising events			1c	795,27	2						
Gifts, ilar An	d	Related organization			1d	ļ							
S, E	е	Government grants			1e	ļ							
Si is	f	All other contribution				1							
rributions, Gifts, Gra∩ts Other Similar Amounts		and similar amounts no			1f								
<u> </u>	g	Noncash contributions 1a–1f.				6							
Contributions, and Other Sim	h	Total. Add lines 1a-			1g	Ψ.	013.00						
	- ''	Total. Add lines 1a-	- . 	<u>····</u>	<u>· · · </u>	Business Code	813,087						
ė	2a					Dusiness Code	Late a late of the property of the		[25]				
ž	b						 	 -	,				
gram Ser Revenue	C						 	 					
že š	d							· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Program Service Revenue	е												
Pro	f	All other program se											
	g	Total. Add lines 2a-	-2f			▶		學學學學學					
	3	Investment income	(incl	luding divi	dends	s, interest, and							
		other similar amoun	•				526						
	4	Income from investr	nent o	of tax-exen	npt bo	ond proceeds 🟲							
	5	Royalties	<u> </u>	····			MANUAL STREET, SHEET, AND MANUAL ASSESSMENT	Disease of the second second second second	PERSONAL PROPERTY NAMED IN CORPORATION OF THE PERSON NAMED IN CORPORATION OF THE PERSO				
				(i) Rea	.I	(II) Personal							
	6a	Gross rents	6a			· — —							
	b	Less: rental expenses	6b	<u> </u>		<u> </u>							
	C	Rental income or (loss)				L			是"经公司"	在有的"加"。 1			
	d	Net rental income o	r (loss	(i) Securi	tios	(ii) Other		hillio de illo. Thigaele igaili	T Then Ebelie Williams				
	7a	Gross amount from salés of assets		(i) Gecari		(ii) Otrioi							
		şălés ot assets other than inventory	7a	1									
۵	h	Less: cost or other basis	<u></u>										
Revenue	"	and sales expenses .	7b	}		j							
eve	င	Gain or (loss)	7c										
Œ	d	Net gain or (loss)		. ,		>				,			
Othe	8a	Gross income from	m fu	ndraising									
Ò		events (not including					医肾髓 医精神						
		of contributions rep		d on liné						CAST APART			
		1c). See Part IV, line			8a								
	b	Less: direct expense			8b	L	2 - 12 - 14 (1) 1			STANDAL SA			
	С	Net income or (loss)			g eve	nts ▶	与中央的10周数/4.6mm(小海线) · 杂点		NUMBER BE * * Men SE ST IS	E-Part materials			
	9a	Gross income f		gaming						7.46年			
		activities. See Part I			9a								
		Less: direct expense			9b								
	C	Net income or (loss)			Juvine	;s <u>-</u>	Trade Salar College						
	10a	Gross sales of in		ory, less	10a								
	b	Less: cost of goods		•	10b	 							
	C	Net income or (loss)			$\overline{}$	orv >	Carrier Company	heertra, temperatura esta anti-	ALES CARREST TRACTORIAGE	endanian (santaning			
<u></u>	_ <u>_</u>	6. (1000)		. 34,03 0, 11		Business Code			RESIDENCE OF STREET				
Miscellaneous Revenue	11a	•					and the second of second granted and the second	Har to the second property of the second	A SHALL SHOW THE RESIDENCE AND ADDRESS OF THE PERSONS.	A CONTRACT SOUTH SEASON OF STREET			
ane nu	b												
scellaneo Revenue	C					·							
isc R	d	All other revenue	· ·	• • • •									
Σ.	e	Total. Add lines 11a	<u>-1</u> 1d	<u></u>		•		CELEDIE EM					
	12	Total revenue, See				•	913 613	[

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	nlete all columns. Al	other organizations	must complete col	ımn (A)
Secur	Check if Schedule O contains a respons				
					,
	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 and domestic governments. See Part IV, line 21	43,012	43,012		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	24,590	24.590	医手足器里级	TELEVISION N
5	Compensation of current officers, directors, trustees, and key employees				area of the second of the seco
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (nonemployees):				
а	Management				
b	Legal	· · · · · · · · · · · · · · · · · · ·			
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				***
f	Investment management fees		(1994 121 - E SEC C.) - C.	A transfer states - Transfer of the transfer o	
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	42,514	42,514		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		- -		
17	Travel			,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		<u></u>		
19	Conferences, conventions, and meetings .				
20	Interest		····		******
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		AND THE PARTY OF T		principal district the second
a	Race Management	692,767	692,767		
þ					· · · · · · · · · · · · · · · · · · ·
С	,				
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	802,893	802,893		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Ŀ	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art Y		
		Check it Schedule O contains a response of flote to any line in this Fa	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash—non-interest-bearing	243,543	1	238,659
	2	Savings and temporary cash investments	217,924	2	233,537
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	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 33)	46,467	16	472196
	17	Accounts payable and accrued expenses		17	·
	18	Grants payable	,	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	English Commission Com
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	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 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	La PRINTA Affine Man Philipping W. Tarbore von Mil.	26	THE RESIDENCE OF THE RE
nces		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	_
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances		32	
ž	33	Total liabilities and net assets/fund balances	461,467	33	472,196

Ferm 9	90 (2019)				Page 12
Par	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			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10			
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> .	. <u> </u>
	,			Ye	s 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," e	xplair	ın 🖁	[] 第	
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		.	2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		4		
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 audi	ted o	n a 🛭		
	separate basis, consolidated basis, or both:		1	ha is	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		3		
C	,	_			
	the audit, review, or compilation of its financial statements and selection of an independent accounts		27	2c	SA NEWWOOD
	If the organization changed either its oversight process or selection process during the tax year, eschedule O.	(plain	on		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2019

Open to Public Inspection

	o Roadrunners Club						83854
Pai							ons.
The	rganization is not a private found		•		=	•	
1	A church, convention of church						A/1
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (I	Form 990	or 990-E	Z).)	09
3	☐ A hospital or a cooperative ho						• 1
4	A medical research organization hospital's name, city, and star		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sur				n the general public
8	☐ A community trust described	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university	ant college of agr	riculture (see instructi	ons). Ente	er the nan	ne, city, and state o	f the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and un	nctions—subject to or related business taxa	ertain exi ible incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	in 331/3% of its
11	☐ An organization organized and	d operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	☐ An organization organized and	l operated exclus	sively for the benefit o	of, to perfe	orm the fi	unctions of, or to ca	rry out the purposes
	of one or more publicly supp	orted organizatio	ins described in sect	ion 509(a	i)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a thro	ough 12d that des	scribes the type of su	pporting o	organizati	on and complete line	es 12e, 12f, and 12g.
а	Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or	elect a ma	yority of t		
b	☐ Type II. A supporting orga	· ·	· ·			supported organizati	on(s), by having
	control or management of organization(s). You must	the supporting of	organization vested in	the same			
С	Type III functionally integers its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte	grated. The orga	inization generally mu	ist satisfy	a distribi	ition requirement ar	
	requirement (see instruction	ons). You must c	complete Part IV, Se	ctions A	and D, ar	nd Part V.	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported	organizations .					[
g	Provide the following information	n about the supp	orted organization(s)				-
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
							37··. 3·
(A) 							
(B) 							
(C)							
(D)							
E)						-	

Total

Schedule A (Form 990 or 990-EZ) 2019

T-GII	(Complete only if you checked the							
	Part III. If the organization fails to						any under	
Sect	ion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	TATIONS AT ACTION AND A STATE OF	Sample of Property and State of State o	Policina de la company de la c	Company of the control of the control	Definish Character State, 1999, 45 Michigan, 1		
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	學物學不製			學是一個學	李·		
	on B. Total Support	43.55.5	2) 22/2/				· · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4		/_/_				<u> </u>	
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						經營運媒		
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the	_						
	organization, check this box and stop he		· · · ·	· · · · ·	· · · · · ·	· · · · ·	🕨 🔲	
	on C. Computation of Public Suppor	t Percentag	e	4 1 (0)				
14 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch		-			15	<u>%</u>	
16a	331/3% support test—2019. If the organi							
	box and stop here. The organization qual							
b	331/3% support test - 2018. If the organi	-		-				
_	, ,						•	
17a	this box and stop/here. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and-o	circumstances'	" test, check t	this box and	stop here.	
18	Private foundation. If the organization di						see	

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	<u></u>					
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		· · ·				
	received. (Do not include any "unusual grants.")	14,554	20,505	14,711	14,026	17,815	81,611
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	619,944	731,165	. - "		795,272	3,744,573
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	634,498	751,670	778,502	848,427	813,087	3,826,184
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						
8	Add lines 7a and 7b						3,826,K
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	634,498	781,670	778,502	848,427	813,087	3,826,184
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	270	207	188	385	526	1,576
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
С	Add lines 10a and 10b	270	207	188	385	526	1,576
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.)	634,768	751,877	778,690	848,812	815,613	3,827,760
14	First five years. If the Form 990 is for the organization, check this box and stop he	he organization	's first, second	d, third, fourth	, or fifth tax ye		
Secti	on C. Computation of Public Suppo			·			
15	Public support percentage for 2019 (line			3, column (f))		15	100 %
16	Public support percentage from 2018 Sc		-			16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019			y line 13, colui	mn (f))	17	.4117_%
18	Investment income percentage from 201					18	.2694 %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this	zation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization d		_			-	_

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

- 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?
- 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.**
- 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.)

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Part	IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
_ c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	<u> </u>
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructions).
a	☐ The organization satisfied the Activities Test. Complete line 2 below	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	(a.a.,
с 2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

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Schedule A	(Form	990 or	990-EZ	2019

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nıza	tions must complete Section	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		ł	'
maintenance of property held for production of income (see instructions)	6	ļ	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			建筑设置
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	Ī —	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	ļ	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	企业者等的企业是为代理	-
2 Enter 85% of line 1.	2	PART OF THE RESIDENCE	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	THE THEF	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		}
7 Check here if the current year is the organization's first as a non-functional	y in		organization (see
instructions).	-	2 3	, ,

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	T
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		·	,
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is re	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E—Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	运动型外心的	NAME OF THE PARTY OF THE	
2	Underdistributions, if any, for years prior to 2019			第74条章 医外侧 线
	(reasonable cause required - explain in Part VI). See			
	instructions.	Prayley Care		
3_	Excess distributions carryover, if any, to 2019			HAPPA SECULOR
a	From 2014		Among among adding around deposit, sho	
b	From 2015			
С	From 2016		基础的模式中域中发现	
<u>d</u>	From 2017	med and the second seco		had proposed to the state of th
<u>c</u>	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years		THE COURT ON THE STREET, SERVICE AND	2008年至1940年至1940年
	Applied to 2019 distributable amount			Bringstonstoner ibselfforti. Britstone
<u>!</u>	Carryover from 2014 not applied (see instructions)		CONTRACTOR SHOWS A PROPERTY OF THE SECOND	PERSONAL PROPERTY OF THE PARTY
<u>_ı</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
<u>a</u> b	Applied to underdistributions of prior years		1886 1985 Ar Zen oan Vivin 1984 1984	
	Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
			THE COLUMN TWO IS NOT THE PARTY OF THE PARTY	
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			THE PARTY OF THE SECURITY SECURE AND
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3	production of the Contract of the Section of the Se		4 14 14 14 14 14 14 14 14 14 14 14 14 14
•	and 4c.			
8	Breakdown of line 7:	第二章 基本的特殊		
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017	PROPERTY PERFE		
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	
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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 2019

► Attach to Form 990 or 990-EZ. Open to Public Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number Toledo Roadrunners Club 23-7283854

Meetings of committees' are documented, however, minutes may not necessarily be taken.	
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