Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calenda	ar year, or tax year beginning 01/01/2022 and ending	12/31	/2022
B 0	heck if ap	oplicable:	C Name of organization	D Employe	er identification number
	Address c	dress change ROAD RUNNERS CLUB OF AMERICA			54-1658157
	Name cha	ange	E Telephor	ne number	
$\overline{}$	nitial retur		202-302-7069		
=	Final retur Amended	F Group I	Exemption		
=		n pending	Washington, DC 20016	Numbe	r 2708
G A	ccount	ting Method:		Check 🗆 if	f the organization is not
		www.vhtr			attach Schedule B
				Form 990)	
			☐ Corporation ☐ Trust ☐ Association ☑ Other: unincorporate	ed associa	ation
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	
(Par	t II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		\$ 93,591
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the i	nstructio	ons for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I		
	1	Contributio	ons, gifts, grants, and similar amounts received	1	0
	2	Program se	ervice revenue including government fees and contracts	2	82,039
	3	Membersh	ip dues and assessments	3	5,663
	4	Investment	income	4	1 0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0	
	b	Less: cost	or other basis and sales expenses	0	
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5	C 0
	6	_	d fundraising events:		
ine	а	Gross inco \$15,000) .	ome from gaming (attach Schedule G if greater than	0	
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribution	าร	
Be			aising events reported on line 1) (attach Schedule G if the		
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0	
	С		t expenses from gaming and fundraising events 6c	0	
	d	Net income	tract		
		line 6c) .		6	d 0
	7a		s of inventory, less returns and allowances	0	
	b		of goods sold	0	
	С	•	it or (loss) from sales of inventory (subtract line 7b from line 7a)		c 0
	8		nue (describe in Schedule O) . See Schedule O, Statement 1		5,001
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		70/071
	10		I similar amounts paid (list in Schedule O)	1	_
	11		aid to or for members		_
Expenses	12		ther compensation, and employee benefits		2 0
	13		al fees and other payments to independent contractors		3 49
Ϋ́	14		/, rent, utilities, and maintenance		4 7,875
	15		ublications, postage, and shipping		5 156
	16		enses (describe in Schedule O) .See Schedule O, Statement 2		6 89,082
_	17	Types and	enses. Add lines 10 through 16	1	
ets	18 19		deficit) for the year (subtract line 17 from line 9)		8 -4,221
SS	13		r figure reported on prior year's return)		00.004
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		
Ne	20 21		or fund balances at end of year. Combine lines 18 through 20		
	1	1101 033013	or faire balances at one or year. Combine lines to through 20		1 95,173

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) 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 99,394 22 95,173 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 99,394 25 25 95,173 Total liabilities (describe in Schedule O) . . 0 26 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 99,394 27 95,173 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 3 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) 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. IN 2022, we were able to put on all four of our paid events as well as a number of free low-key running events and two larger social gatherings. 0) If this amount includes foreign grants, check here 28a (Grants \$ 0 29 29a) If this amount includes foreign grants, check here 30 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here 0 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 (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Tracy Dahl 3.00 0 0 0 **Board Member** 0 Keith Knipling 3.00 0 n President Jon Jester 3.00 0 0 0 **Board Member** Trevor Baine 3.00 0 0 0 Treasurer Sara Davidson 3.00 0 **Board Member** Chelsea Smith 3.00 0 0 **Boardmember**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
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 0			
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			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
2	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	40b		V
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	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	40e		~
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: Trevor Baine Telephone no.	202-30	2-7069	9
	70.4	200	016	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		>
	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).			
С	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:	42c		/
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			
			Yes	No
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		٧
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		
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		
u	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-F7. See instructions	15h		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990	0-EZ (20	022)								F	Page 4
										Yes	No
		ne organization engage, directly or in									
		ndidates for public office? If "Yes," o		, Part I				•	46		'
Part \		Section 501(c)(3) Organizations				_					
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52,	and cor	nplete the	e tab	oles t	or lin	es
		50 and 51.									_
		Check if the organization used Scl	nedule O to respond	to any question i	n this I	Part VI		<u></u>			
	5			504(1)						Yes	No
47		he organization engage in lobbying		` '		effect c	luring the	tax			
	•	If "Yes," complete Schedule C, Par						•	47		/
		organization a school as described in							48		'
		ne organization make any transfers to		_					49a		~
		es," was the related organization a se							49b		<u> </u>
		olete this table for the organization's									
	еттрі	oyees) who each received more than	i \$100,000 or comper					eni	ter iv	one.	
		N 1291 6 1	(b) Average	(c) Reportable compensation		(d) Health I tributions t	benefits, to employee	(e) F:	stimate	d amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS		efit plans, a	and deferred		er com		
				1099-NEC)		compen	sation				
None											
		number of other employees paid over									
51		olete this table for the organization'			ent con	tractors	who each	rece	eived	more	e tha
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."							
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Comp	ensati	on	
None											
				_							
				1							
				+							
				1							
d	Total	number of other independent contra	actors each receiving	OVER \$100 000							
		•	=		· _	tions m	uat attach				
52		the organization complete Schedu pleted Schedule A	ile A? Note: All se	(Clion 501(C)(3) O	ganiza	tions m		_	Yes		No
l loder or	•		return including accompan				boot of marries				
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than						owied	ige and	bellel	, it is
Sign		Signature of officer				Date	!				
Here		Trevor Baine, Treasurer									
		Type or print name and title									
<u> </u>		Print/Type preparer's name	Preparer's signature		Date			. <u>.</u>	PTIN		
Paid		, po proparor o marito					Check L	if			
Prepa		Firm's name				Firm	's EIN				
Use (חוע	Firm's address					ne no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	instructions		111101			Yes		Nο

SCHEDULE A (Form 990)

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. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization	1					Employer identification	n number
	D RUNNERS CLI						54-16	
Par				l organizations mus				ons.
The c	•	•		s: (For lines 1 through		-	•	
1				on of churches descri			0(b)(1)(A)(i).	
2				(Attach Schedule E (F		-	\/A\/:::\	
3 4	•	•		ganization described in onjunction with a hosp				(iii) Enter the
_	hospital's n	ame, city, and stat	e:					
5	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 7	☐ An organiza		receives a subs	mental unit described tantial part of its sup te Part II.)				n the general public
8	☐ A communi	ty trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or university university:	or a non-land-gra	int college of agr	d in section 170(b)(1) iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	receipts from support from acquired by	m activities related m gross investmen the organization a	to its exempt fu t income and un lifter June 30, 197	e than 33 ¹ /3% of its su nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom a)(2) . (Cor	eptions; a ne (less se mplete Pa	and (2) no more than ection 511 tax) from art III.)	33 ¹ /3% of its
11		•	•	sively to test for public	•		` '` '	
12	-	•	•	vely for the benefit of,	•		,	
				escribed in section 50 the type of supporting				
а	the supp	oorted organization	n(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
b	control	or management of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C .	the same			
С				ting organization oper ns). You must comp l				ally integrated with,
d	that is n	ot functionally inte	grated. The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ution requirement an	
е	☐ Check t	nis box if the orgar ally integrated, or	nization received Type III non-func	a written determination	on from tl	ne IRS tha	at it is a Type I, Type	e II, Type III
f		nber of supported						
g	Provide the fo	ollowing informatio	n about the supp	orted organization(s).				
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions)						other support (see	
					Yes	No		
(A)								
(B)								
(C)								
(D)))							
(E)								
Total								

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (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 Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 b 10%-facts-and-circumstances test - 2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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			, p		,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	8,676	8,026	8,867	3,205	5,663	34,437
3	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 Gross receipts from activities that are not an unrelated trade or business under section 513	113,787	95,072	38,972	14,132	87,928	349,891
4	Tax revenues levied for the						
7	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	122,463	103,098	47,839	17,337	93,591	384,328
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						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						384,328
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	122,463	103,098	47,839	17,337	93,591	384,328
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0					0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0					0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0					0
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,	0					0
.0	and 12.)	122,463	103,098	47,839	17,337	93,591	384,328
14	122/100 100/070 17/007 17/007 001/020						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8					15	100 %
16	Public support percentage from 2021 Sch	nedule A, Part I	II, line 15 .			16	100 %
	on D. Computation of Investment In						· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 2022 (-		17	0 %
18	Investment income percentage from 2021					18	0 %
19a	331/3% support tests—2022. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		_	_
b	331/3% support tests—2021. If the organize line 18 is not more than 331/3%, check this is						
20	Private foundation. If the organization di		=	· ·		-	_
	i iivate ioungation. Il the olyanzation di	u noi on c or a l	, o	19a, 01 19b, 0	TIOUR LINS DUX	いいい シセセ けいとけいい	JUDIO

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>			
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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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.	9с		
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 line 10b below.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 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 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 By reason of the relationship described on line 2, above, 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 on line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No," provide details in Part VI. 3a

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

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
ROAD RUNNERS CLUB OF AMERICA	54-1658157
	1 21.122.121
······	

Schedule O, Statement 1 ROAD RUNNERS CLUB OF AMERICA

Form: **Form 990-EZ (2022)** EIN: **54-1658157**

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Amount
5,889

Total: 5,889

Schedule O, Statement 2

ROAD RUNNERS CLUB OF AMERICA

Form: **Form 990-EZ (2022)** EIN: **54-1658157**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Supplies Associated with putting on Running Events	62,257
Donation to Caroline Furnace Lutheran Camp and Retreat Center	10,000
Insurance	3,534
Club Gear to be sold at cost	12,894
Webpage Hosting	397
Total:	89,082

Schedule O, Statement 3

ROAD RUNNERS CLUB OF AMERICA

Form: **Form 990-EZ (2022)** EIN: **54-1658157**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The VHTRC exists to promote the healthful, recreational, competitive, and social apsects of trail and ultra running. We conduct informal runs, formal races, social events, trail maintenance outings, among other things primarily in the VA/DC/MD area.