						ort Form						OMB No. 1545-	-1150
Form	<u> </u>	<b>)0-EZ</b>	Retur	n of Orga	anization	Exempt	Fror	n Ir	ncome	e Tax			0
TOIL						947(a)(1) of the l efit trust or priva						201	2
				nizations of dono	or advised funds	s, organizations	that ope	rate o	ne or more			Open to P	ublia
				olling organization anizations with g									
		of the Treasury nue Service	The organi	a zation may have		e year may use t			porting rea	nuiromonte		Inspecti	оп
AF	or the	2012 calendar ye				)1/01	-		nd ending	-	12/31	, 20	12
Bc	heck if a	oplicable: C I	Name of organiz	ation						D Emp		entification numb	
	Address o	change RO	AD RUNNERS	CLUB OF AM	ERICA Virgin	ia Happy Trail	s Runni	ing Cl	Lub		5	4-1658157	
	Name cha		mber and street	(or P.O. box, if ma	ail is not delivere	d to street addre	ss)		Room/suite	E Telep	ohone n	umber	
	nitial retu Terminate	160	01 N Potomac									3-534-8171	
	Amended	return	•	or country, and ZI	P + 4						•	mption	
		· · ·	ington, VA 22								nber I	27	
				Accrual Othe	er (specify) 🕨							if the organizatio	n is <b>not</b>
	Nebsit	te: ► www.vhti npt status (check o		501(a)(3) 5	01(c) ( ) 🔺	(insert no.)	4947(a)(1	1) or	527	•		ach Schedule B 0-EZ, or 990-PF)	1
	Check							,				s receipts are no	
		e than \$50,000. A	0	•		0 0			0		0		,
		nization chooses				-		,	, ,	5	•		
LA	dd lines	s 5b, 6c, and 7b, to	o line 9 to deterr	nine gross receij	ots. If gross rec	eipts are \$200,0	000 or m	ore, oi	r if total as	sets (Part II,			
_	,	olumn (B) below) a	. ,	,							► \$		95,348
Pa	art I	-	•	and Change					•			,	_
											-		. 🗸
	1	Contributions,									1		0
	2 3	Program servio Membership d								· · ·	2		89,508
	4	Investment inc		essinents				• •			3		<u>5,840</u> 0
	- 5a	Gross amount		assets other t	han inventor	ν		5a		0	•		0
	b	Less: cost or c				•		5b		0			
	c	Gain or (loss) f	from sale of a	ssets other th					ie 5a) .		5c		0
	6	Gaming and fu Gross income	-		Schedule G	if areater t	han						
ne	а		-			-	1	6a		0			
Revenue	b	Gross income	from fundrai	sing events (n	ot including	\$			contribut				
Rev		from fundraisir	ng events re	ported on line	e 1) (attach S	Schedule G if	the						
_		sum of such g	ross income	and contribut	ions exceeds	s\$15,000).	. [	6b		0			
	с	Less: direct ex						6c		0			
	d	Net income or			-					subtract			
	_	/							• • •		6d		0
	7a	Gross sales of						7a 7b		0	-		
	b c	Less: cost of g Gross profit or	-							0	7c		0
	8	Other revenue	. ,		• •						8		0
	9	Total revenue									9		95,348
	10	Grants and sin									10		600
	11	Benefits paid t									11		0
ses	12	Salaries, other	•	•	-						12		0
ens	13	Professional fe									13		0
Expenses	14	Occupancy, re									14		0
ш	15 16	Printing, public Other expense									15 16		74
	10	Total expense									10		79,638 80,312
	17	Excess or (def									18		15,036
Net Assets	19	Net assets or	· ·	•		,							
Ass		end-of-year fig									19		41,404
let ,	20	Other changes	s in net asset	s or fund bala	nces (explair	n in Schedule	0) <u></u>			<u></u>	20		0
z	21	Net assets or f	fund balance	s at end of ye	ar. Combine	lines 18 throu	ugh 20			🕨	21		56,440
For	Paper	work Reduction	Act Notice, se	e the separate	e instructions			Cat. N	lo. 10642l			Form 990-E2	Z (2012)

Form	990-EZ (2012)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	o to respond to ar	ny question in this I	Part II....		🗆
	<u> </u>	•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	41,404	22	56,440
23	Land and buildings		[	0	23	0
24	Other assets (describe in Schedule O)		<u> </u>	0	24	0
25	Total assets			41,404	25	56,440
26	Total liabilities (describe in Schedule O)			-	26	0
27	Net assets or fund balances (line 27 of column			41,404	27	56,440
Par	t III Statement of Program Service Accom	•		·		Expenses
	Check if the organization used Schedule			Part III 🗌	`	uired for section
Wha	t is the organization's primary exempt purpose?	Promote trail runnin	g			c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise n ons benefited, and other relevant information for ea	nanner, describe the			4947	(a)(1) trusts; optional thers.)
28	Conduct the Bull Run Run 50 mile trail run on April	14, 2012. (327 runners	participated.)			
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here	► 🗆	28a	26,468
29	Conduct the Massanutten Mt Trails 100 mile trail run					20,100
~~	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			29a	32,275
30	Conduct the VHTRC Women's Half Marathon trail ru	n on September 8, 20	12. (214 runners parti	cipated.)		
	(Grants \$ 0) If this amount	includes foreign gra	unte chock horo		30a	0.070
21	Other program services (describe in Schedule O)			· · · ► 🗆	30a	9,078
01		includes foreign gra			31a	2,136
32	Total program service expenses (add lines 28a				32	69,957
-	t IV List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule			•		🗍
	0	(b) Average	(c) Reportable	(d) Health benefits,		Estimated survey of
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		other compensation
Alan	Gowen	. 2	0		0	0
Pres	sident				Ŭ	•
	a Springman	-	0		0	0
	rd Member	2				
	truther Davidson		0		0	0
	surer/Board Member	1				
	Demoney		0		0	0
	rd Member					
		1				0
	Clapper		0		0	Ŭ
	rd Member		0		0	
			0		0	
			0		0	
			0		0	
			0		0	
		1	0		0	
			0		0	
			0		0	
		1	0		0	
			0		0	
			0		0	
			0		0	
		1	0		0	

Form 99	90-EZ (2012)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		ie V.	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
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 c	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 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 b 28a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a 0</b> Did the organization file <b>Form 1120-POL</b> for this year?	37b		~
38a ⊾	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   Section 501(c)(7) organizations. Enter: 39a   Initiation fees and capital contributions included on line 9 39a   Gross receipts, included on line 9, for public use of club facilities 39b   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
b	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
5	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		~
c d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
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 42a b	List the states with which a copy of this return is filed ►   The organization's books are in care of ► Anstruther Davidson   Located at ► 1601 N Potomac St, Arlington, VA 22205   At any time during the calendar year, did the organization have an interest in or a signature or other authority over	703-53 222		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	162	NU V
с 43	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	. 1	•
	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		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a		~
	Form 990-EZ (see instructions)	45b		~

Form	990-EZ	(2012)
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6	<b></b>						Yes	No
r <b>U</b>	Did the organization engage, directly or i to candidates for public office? If "Yes,"							
ort			, Faili			· 46		V
art	All section 501(c)(3) organization 50 and 51	ns must answer que						es
	Check if the organization used So	hedule O to respond	to any question ir	this Part	VI		-	. [
7	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) elec		-		Yes	No
8	Is the organization a school as described							
9a	Did the organization make any transfers		· · ·					- V - V
	If "Yes," was the related organization a s		•				-	Ť
0	Complete this table for the organization'						es ar	d k
	employees) who each received more that	n \$100,000 of comper	nsation from the org	anization.	If there is non	e, enter "l	lone.'	,
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS)	contribut benefit p	ealth benefits, ions to employee ans, and deferred mpensation	(e) Estimat other co		
one		-						
		_						
		_						
		-						
		-						
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the org	's five highest compe	ensated independe	nt contrac	tors who eacl	n received	more	e tha
(a)	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of s	ervice	(c	) Compensat	ion	
lone			-					
lone								
			-					
one			-					
one			-					
			-					
d	Total number of other independent contr Did the organization complete Schedule	A? Note: All section 5	501(c)(3) organizatio					
d 52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? <b>Note</b> : All section 5 a completed Schedul	501(c)(3) organizatio le A					No
d 52	Did the organization complete Schedule	A? <b>Note</b> : All section 5 a completed Schedul return, including accompan	501(c)(3) organizatio le A	 ments, and t	o the best of my ki			-
d 52 nder pr ie, cor	Did the organization complete Schedule nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this	A? <b>Note</b> : All section 5 a completed Schedul return, including accompan	501(c)(3) organizatio le A	 ments, and t	o the best of my ki			-
52 nder pe	Did the organization complete Schedule nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other tha	A? <b>Note</b> : All section 5 a completed Schedul return, including accompan	501(c)(3) organizatio le A	 ments, and t	o the best of my ki owledge.			-
d 52 ign	Did the organization complete Schedule nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other that Signature of officer	A? <b>Note</b> : All section 5 a completed Schedul return, including accompan in officer) is based on all info	501(c)(3) organizatio le A	 ments, and t er has any kn	o the best of my ki owledge.	nowledge an		-
d 52 ign lere	Did the organization complete Schedule nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other that Signature of officer Anstruther Davidson, Treasurer	A? <b>Note</b> : All section 5 a completed Schedul return, including accompan	501(c)(3) organizatio le A	 ments, and t	o the best of my ki owledge.	nowledge an		-

-	Firm's address ►				P	hon	e no	<b>)</b> .			
May the IRS	discuss this return with the preparer shown above? See instructions	•			•			•		Yes	🗌 No

SCHEDULE A
(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Open to Public Inspection
2012
OMB No. 1545-0047

ī.

4947(a)(1) nonexempt charitable trust.									Ope	en to Pu	iblic	
	t of the Treasury venue Service	► At	tach to Form 990 or Fo	rm 990-E	Z. ► See s	separate	instructio	ns.			nspectio	
Name of t	he organization						E	Employer i	dentificatio	n num	nber	
ROAD R	UNNERS CLUB	OF AMERICA Vir	ginia Happy Trails Run	ning CLul	o				54-16	5815	7	
Part I	Reason f	or Public Chai	r <b>ity Status</b> (All orga	nization	s must c	omplete	e this par	t.) See	instructi	ons.		
The orga	anization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
			hes, or association of			ed in <b>sec</b>	tion 170(	(b)(1)(A)(	i).			
			170(b)(1)(A)(ii). (Attac									
	•	•	spital service organiza									
	hospital's nam	ne, city, and state			·							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
			nment or governmenta									
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	nental u	nit or fror	n the	e general	public
8	A community	trust described in	n section 170(b)(1)(A)	<b>(vi).</b> (Cor	nplete Pa	rt II.)						
9 🗹												
10 🗌	An organizatio	n organized and	operated exclusively	to test fo	r public s	afety. Se	ee <b>sectio</b>	n 509(a)	(4).			
11 🗌			d operated exclusive									
			licly supported organ describes the type of s									ection
	a 🗌 Type I	<b>b</b> 🗌 Туре	II c 🗌 Type III	-Functio	nally integ	grated	d 🗌 1	Type III–I	Non-func	tiona	lly integra	ated
e 🗌		indation manage	that the organization rs and other than one									
f			a written determinatio								support	ing ·□
g	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	9			
			ndirectly controls, eith ody of the supported o								Yes 11g(i)	No
		• •	on described in (i) abo	•						H	11g(ii)	
			a person described in							-	11g(iii)	
h	• •	•	on about the supporte	., .,						L		_
	ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o in col. (i) Iis governing o	sted in your document?	the organ col. (i)	ou notify nization in of your port?	organiza (i) organ U	Is the tion in col. ized in the .S.?	(vii) A	Amount of m support	
				Yes	No	Yes	No	Yes	No	1		

		103	110	103	110	103	NO	
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Sched	ule A (Form 990 or 990-EZ) 2012						Page <b>2</b>
Par		e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	i)
Sect	ion A. Public Support				•	,	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support	()	<i>(</i> )	( ) 22/2	( )) = = ( (	( )	(0
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
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 IV.)						

**13** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

## Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a	331/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 331/			
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization		🕨	
b	331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line	15 is	s 33 <sup>1</sup> /3% or more,	
	check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .		🕨	
17a	<b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16, 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box an Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization .	id <b>sto</b> as a p	<b>p here.</b> Explain in publicly supported	
b	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check th Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization	is bo	x and stop here.	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check	k this	box and see	
	instructions		🕨	

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			-	-		
Calen	dar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	4,310	4,776	5,549	7,396	5,840	27,871
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	68,089	70,462	76,944	79,734	88,852	384,081
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the					-	
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities					-	
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	72,399	75,238	82,493	87,130	94,692	411,952
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
с	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		-	-	-		
	line 6.)						411,952
Secti	on B. Total Support	I					
Calen	Idar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	72,399	75,238	82,493	87,130	94,692	411,952
10a	Gross income from interest, dividends,						<u> </u>
	payments received on securities loans, rents,						
	royalties and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
с	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	72,399	75,238	82,493	87,130	94,692	411,952
14	First five years. If the Form 990 is for the					ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u></u> .		🕨 🗌
Secti	on C. Computation of Public Suppor	-					
15	Public support percentage for 2012 (line a	, ()				15	100 %
16	Public support percentage from 2011 Sch					16	100 %
_	on D. Computation of Investment In		-				
17	Investment income percentage for 2012 (					17	0 %
18	Investment income percentage from 2011					18	0 %
19a		331/3% support tests-2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line					
	17 is not more than $33^{1}/_{3}\%$ , check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2011. If the organiz						
	line 18 is not more than $33^{1}/_{3}$ %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization $\blacktriangleright$						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instrue	ctions 🕨 🗌
					Cal	edule A (Form 99)	

Schedule A (Form 990 or 990-EZ) 2012

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).				

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Supplemental Information to Form 990 or 990-EZ (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.

SCHEDULE O

Department of the Treesure	Form 990 or 990-EZ or to provide any additional informati	ion.	Open to Public
Department of the Treasury nternal Revenue Service	► Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organization	Employer identific	ation number	
ROAD RUNNERS CLU	B OF AMERICA Virginia Happy Trails Running CLub	54	-1658157
Form 990-EZ, Part I, Li	ne 16 - Host running events		

OMB No. 1545-0047

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## **Other Program Service Accomplishments**

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Conduct a program of informal training runs and low key events. (Approx 500 participants.)	600		2,136
Total:			2,136