Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047 2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	rortne	200	Do calendar year, or tax year beginning			and er	ding				
В	Check if	ile	Please C Name of organization					D Emple	D Employer identification number		
_	Addre	ess	use IRS label or print or RUNNING USA INC.					ء (12	03950	
F	chane Name	9					Doom/outo				
F	lchang lnitial		Specific 638 CHARLESTON PL.	n delivered to	o sireet addres	15)	Room/suite	E Telep	05)		
\vdash	return Final		Instruc-								
F	Ireturn	ided							her becify)		
-	Appli	catio		1) nonexemo	t charitable t	usts	H and I am not ann			on 527 organizations	
_	Jpend:	ing	must attach a completed Schedule A (Form 99				H(a) Is this a group r			~ ~	
6	Wahoit	٠.	►WWW.RUNNINGUSA.ORG				H(b) If "Yes," enter no				
			on type (check only one) ► X 501(c) (3) ◀ (insert	(no) 4	947(a)(1) or [527	, ,			/A Yes No	
	Check I						`´ (If "No," attach a	list.)	_,	-	
			e normally not more than \$25,000. A return is not requ		· -		H(d) is this a separat ganization cover	e return i red by a c	iled by	an or- uling? Yes X No	
			file a return, be sure to file a complete return.	00, 55	o organization		I Group Exemption			N/A	
_					• •••					on is not required to attach	
L	Gross r	ece	ipts: Add lines 6b, 8b, 9b, and 10b to line 12		507,6	14.	Sch. B (Form 99	-		· ·	
P	art I	R	levenue, Expenses, and Changes in	Net Asse			nces				
	1	(Contributions, gifts, grants, and similar amounts receiv	ed:			1				
	;	a (Contributions to donor advised funds			1a					
		b [Direct public support (not included on line 1a)			1b	150,7	07.			
	(c I	ndirect public support (not included on line 1a)			1c					
	'	d (Government contributions (grants) (not included on lin			1d	25,0	00.			
	(e Total (add lines 1a through 1d) (cash \$						1e	<u>175,707.</u>		
	2							2	21,000.		
	3							3	151,791.		
	4		nterest on savings and temporary cash investments						4	.	
	5		Dividends and interest from securities			1 .	1		5		
	6		Gross rents			6a					
	'		_ess: rental expenses			6b					
e	_ '		Net rental income or (loss). Subtract line 6b from line 6	a				. ⊦	6c		
Revenue	7		Other investment income (describe				}-	7	 		
Re	8		Gross amount from sales of assets other	(A) S	ecurities	-	(B) Other				
	l .		han inventory			8a			ŀ		
			Less: cost or other basis and sales expenses			8b 8c					
	1		Gain or (loss) (attach schedule) Net gain or (loss). Combine line 8c, columns (A) and (B	<u> </u>		_ OU			9.4		
	9		Special events and activities (attach schedule). If any ar		n asmina cha	ck hara 🖡		F	8d		
	-		Gross revenue (not including \$ 13,600. of		•	9a	153,6	06.			
	Ι.		ess: direct expenses other than fundraising expenses	contributions repu	nted on mile 10)	9b	110,1				
			Net income or (loss) from special events. Subtract line	9b from line	9a		STATEMENT		9c	43,439.	
	10 8		Gross sales of inventory, less returns and allowances			10a					
	1	b L	ess; cost of goods sold			10b					
	(c G	Gross profit or (loss) from sales of inventory (attach sc	hedule). Sub	tract line 10b t	rom line	10a		10c		
	11	C	Other revenue (from Part VII, line 103)						11	5,510.	
	12	T	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11		12:50	2775 L		12	397,447.	
w	13	F	Program services (from line 44, column (B))		حدالاً لا	ال وحداد		_	13	<u>283,238.</u>	
Expenses	14		Management and general (from line 44, column (C))			. 67 s	2007	<u> </u>	14	56,385.	
ē	15		undraising (from line 44, column (D))		MA'		2007	-	15	32,990.	
ŭ	1		Payments to affiliates (attach schedule)				jřķ	_	16		
	17_		Total expenses. Add lines 16 and 44, column (A)	- 10	- AR	DEN		-	17	372,613.	
y.	18	Exists of (solidity for the year. Obstract this is the first thin in				 	18	24,834.			
Net Assets	19 20		Net assets or fund balances at beginning of year (from lighter changes in net assets or fund balances (attach ex				, ├	19	107,192.		
Ä	21	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 Net assets or fund balances at end of year. Combine lines 18, 19, and 20				20	3,859. 135,885.				
6230	001		HA For Privacy Act and Paperwork Reduction Act N			etruction	Q		<u> </u>	Form 990 (2006)	
U 1-1	8-07			10410E, 3EE II	io ochalate III	201000001	J			10111 330 (2000)	

Form 990 (2006) RUNNING				36-43	03950 Page
Part II Statement of All or Functional Expenses and	ganızatıo (4) organı	ns must complete column zations and section 4947(a	(A). Columns (B), (C), and (i) (1) nonexempt charitable	(D) are required for section trusts but optional for other	501(c)(3) s.
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0	된				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedul	e)				
(cash \$ 0 • noncash \$ 0	မ				
If this amount includes foreign grants, check here	J 22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key	1 1				
employees, etc. listed in Part V-A STMT 5	25a	62,667.	17,547.	28,200.	16,920
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not included	j				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not			}		
included on lines 25a, b, and c	26				
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines	1				
25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30	4 4 5 -			
31 Accounting fees	31	1,185.		1,185.	
32 Legal fees	32				
33 Supplies	33	4 550	225	2.12	4.0.5
34 Telephone	34	1,750.	805.	840.	105
35 Postage and shipping	35	535.	246.	257.	32
36 Occupancy	36	10,561.	4,858.	5,069.	634
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1 066		1.050	0.005
39 Travel	39	4,066.		1,859.	2,207
40 Conferences, conventions, and meetings	40				
41 Interest	41	2 950	1 211	1 260	171
42 Depreciation, depletion, etc (attach schedule)	42	2,850.	1,311.	1,368.	171
43 Other expenses not covered above (itemize).					
a	43a				
b	43b				
c	43c				
d	43d		·		
e	43e				
g SEE STATEMENT 4	43f 43g	288,999.	250 471	17 607	12 021
44 Total functional expenses. Add lines 22a through	439	400,333.	258,471.	17,607.	12,921
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	372,613.	283,238.	56 395	32,990
Joint Costs. Check In It is 13-13/			403,430.	56,385.	34,990
Are any joint costs from a combined educational campa			rted in /R\ Program coors	as?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co			the amount allocated to F		N/A ;
(iii) the amount allocated to Management and general \$) the amount allocated to f		N/A N/A
613011 01-23-07		, and (IV	, and amount anocated to I	опоголону ф	Form 990 (2006
V 1-20-07		•			1 0/11/1 220 (2000

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

283,238. Form **990** (2006)

(Grants and allocations

(Grants and allocations

(Grants and allocations

e Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

Note		re required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments		89,906.	45 46	121,449.
	47 a	Accounts receivable Less: allowance for doubtful accounts	47a 47b		47c	
	48 a	Pledges receivable Less: allowance for doubtful accounts	48a 48b		48c	
Assets	49 50 a	Grants receivable Receivables from current and former officers, di key employees	rectors, trustees, and		49 50a	
	b	Receivables from other disqualified persons (as 4958(f)(1)) and persons described in section 4958		50b		
	1	Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use	51a 51b		51c 52	
	53 54 a	· . · · · · · · · · · · · · · · · · · ·	Cost FMV Cost FMV		53 54a 54b	<u> </u>
	1 -	investments - land, buildings, and equipment basis	55a			
	56	Less: accumulated depreciation Investments - other	55b 22,000.		55c 56	
	1	Land, buildings, and equipment, basis Less accumulated depreciation STMT 6 Other assets, including program-related investments	17,286.	57c	14,436.	
	59	(describe ► Total assets (must equal line 74). Add lines 45) through 58	107,192.	58 59	135,885.
	60 61 62	Accounts payable and accrued expenses Grants payable Deferred revenue			60 61 62	
Liabilities		Loans from officers, directors, trustees, and key a Tax-exempt bond liabilities b Mortgages and other notes payable	employees		63 64a 64b	
_	65	Other liabilities (describe)	0.	65	0.
	66 Orga	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74	X and complete lines		66	
Balance	67 68 69	Unrestricted Temporarily restricted Permanently restricted	-	107,192.	67 68 69	135,885.
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check I complete lines 70 through 74	here and			
t Assets	70 71 72	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and Retained earnings, endowment, accumulated in	· · ·		70 71 72	
Net	73 74	Total net assets or fund balances Add lines 67 throu (Column (A) must equal line 19 and column (B) must or Total liabilities and net assets/fund balances.	107,192. 107,192.	73 74	135,885. 135,885.	
			<u> </u>			Form 990 (2006)

	n 990 (2006)	RUNNING USA II	NC.			36-	43039	50 Pag	ge 5
Pa		econciliation of Revenue per A structions.)	udited Fina	ncial Statements W	ith Revenue p	er Re	eturn (Se	e the	
a	_	e, gains, and other support per audited fir	nancial stateme	nto				N/A	
b		luded on line a but not on Part I, line 12.	ianciai staterne	111.5			a	N/A	
1		d gains on investments		l ₁	₀₁				
		rices and use of facilities		, -	02				
3		f prior year grants		_	3				
-	Other (specif			<u> </u>	04				
7	Add lines b1			Ļ'	<u> </u>				
C	Subtract line	•					b		
d		luded on Part I, line 12, but not on line a:					C		
1		xpenses not included on Part I, line 6b		1.	11				
	Other (specif				12				
_	Add lines d1			U	12		ادا		
		e (Part I, line 12). Add lines c and d					d		
	rt IV-B R	econciliation of Expenses per	Audited Fina	ancial Statements V	ith Expenses	per	l e ∣ Return		
		es and losses per audited financial stater	-		Titil Experience	рс	T. I	N/A	
		luded on line a but not on Part I, line 17	nents				а	N/A	
D.		•		1.	الم				
1		vices and use of facilities		<u> </u>	01				
	-	justments reported on Part I, line 20		<u> </u>	02				
	-	ted on Part I, line 20		F)3				
4	Other (specif			U	04				
	Add lines b1	•					b		
C	Subtract line						<u> </u>		
d		luded on Part I, line 17, but not on line a:		1	1				
		xpenses not included on Part I, line 6b			11				
2	Other (specif	y)			12				
	Add lines d1	and d2					d		
	Total expens	ses (Part I, line 17) Add lines c and d	1.17				e		
Pā		urrent Officers, Directors, Trust key employee at any time during the year				s an of	ficer, direc	tor, trustee,	,
		key employee at any time during the year	even in they we	(B) Title and average hours		(D)Co	ntributions to	(E) Expen	se
		(A) Name and address		per week devoted to	(If not paid, enter	emple	ntributions to byee benefit & deferred	account a	nd
				position	-0)	compe	nsation plans	other allowa	nces
							_		_
SE	E STATE	MENT 7			62,667.		0.		0.
		-							
									
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			<u>-</u>						
		-							
		· · · · · · · · · · · · · · · · · · ·							
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				<u> </u>	<u> </u>		<u>-</u>	000	
							F	orm 990 (20	JU6)

$\overline{}$	m 990 (2006) RUNNING USA INC.	<u> 36-43039</u>	3 50	Р	age 6	
Pa	art V-A Current Officers, Directors, Trustees, and Key Employees (continued)			Yes	No	
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	19				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Sch Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that ic the individuals and explains the relationship(s)	edule A, lentifies	75b		x	
		[730			
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Sch Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related organization? See the instructions for the definition of "related organization."	edule A,				
	If "Yes," attach a statement that includes the information described in the instructions.	}	75c		X	
4	Does the organization have a written conflict of interest policy?		75d		v	
	art V-B Former Officers, Directors, Trustees, and Key Employees That Received Comp			her	X	
	Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits the year, list that person below and enter the amount of compensation or other benefits in the appropria	efits (described	belo	w) dui		
	(A) Name and address (B) Loans and Advances (if not paid, enter -0-)		e (E) Expe	nse	
			1			
						
		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Pa	art VI Other Information (See the instructions)		' 	Yes	No	
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed	1	\neg			
	statement of each change	_	76		X	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77		<u>X</u>	
	8 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A					
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a stat	ement	79		X	
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a		<u> </u>	
b	If "Yes," enter the name of the organization ► N/A and check whether it is exempt or	nonexempt				
81 a		0.				
b	Did the organization file Form 1120-POL for this year?		81b Form	990 (X 2006)	

_	n 990 (2006) RUNNING USA INC. 36-430	<u> 950</u>		age 7				
Pa	rt VI Other Information (continued)		Yes	No				
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	1						
	less than fair rental value?	82a		X				
b	If "Yes," you may indicate the value of these items here. Do not include this							
	amount as revenue in Part I or as an expense in Part II			İ				
	(See instructions in Part III) 82b N/A							
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_X_					
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<u> </u>					
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X				
b								
	tax deductible? N/A	84b						
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a						
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a							
	waiver for proxy tax owed for the prior year.							
C		-						
C	Section 162(e) lobbying and political expenditures 85d N/A	╣						
6	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	{						
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	┨						
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	<u> </u>	\vdash				
ŀ								
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	054						
00		85h	<u> </u>	 				
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12 86a N/A							
		1						
		1						
87		1						
	37/3							
۰. ۵۰	against amounts due or received from them) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1						
00 8	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?							
	If "Yes," complete Part IX	88a		x				
,	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	100		 -				
·	section 512(b)(13)? If "Yes," complete Part XI	886		x				
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.							
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .							
t	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1						
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?							
	If "Yes," attach a statement explaining each transaction	89b		<u> </u>				
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958		l					
0	Enter: Amount of tax on line 89c, above, reimbursed by the organization	1						
•	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X				
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X				
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,							
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X				
90 a	List the states with which a copy of this return is filed ►NONE							
t	Number of employees employed in the pay period that includes March 12, 2006			0				
91 a								
	Located at ► 638 CHARLESTON PLACE, VENTURA, CA ZIP+4 ► 9	<u> 300</u>		A -				
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		res	No				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х				
	If "Yes," enter the name of the foreign country ▶ N/A							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts.			(2006)				

-		(2006) RUNN:	ING USA	INC.	<u></u>		<u> 36</u> -	4303950 Page 8
Pa	ırt V	Other Information (co	ontinued)					Yes No
C	At a	iny time during the calendar yea	ar, did the orgar	nization mair	ntain an office outside o	of the Unite	ed States?	91c X
	If "\	es," enter the name of the fore	ign country ►		N/A			
92	Sec	tion 4947(a)(1) nonexempt char	ntable trusts filin	g Form 990	in lieu of Form 1041-	Check here	• , ,	▶ □
		enter the amount of tax-exemp					▶ 92	N/A
Pa	ırt V	I Analysis of Income-	Producing A					
No	te: Er	ter gross amounts unless other	wise		ed business income		by section 512, 513, or 514	(E)
ınd	icated	<i>1.</i>		(A) Business	(B) Amount	(C) Exclu-	(D) Amount	Related or exempt
93	Prog	ram service revenue		code	Amount	sion code	Amount	function income
а	<u>CC</u>	NSULTING						21,000.
b	·							
C								
d	ı							
е		·						
f	Med	icare/Medicaid payments						
g	Fees	and contracts from governmer	nt agencies					
94	Men	bership dues and assessments	s				· · · · -	151,791.
95	Inter	est on savings and temporary cash i	investments					
96	Divid	lends and interest from securition	es					
97	Net	rental income or (loss) from real	estate [.]					
		-financed property						
		lebt-financed property						
98		ental income or (loss) from pers	sonal property					
99		r investment income	ona. property					
		or (loss) from sales of assets					·····	.
		r than inventory						
101		ncome or (loss) from special eve	ente			01	43,439.	
		s profit or (loss) from sales of in				101	43,433.	
102		r revenue.	iventory			+		
103								3 500
8	_	TRONS						3,500. 2,010.
0	KU	NNINGUSA TREK		<u> </u>		+ +		2,010.
ر د								
0								
e			(E)\	· · · · ·	0		12 120	178,301.
		otal (add columns (B), (D), and	` "		<u> </u>	•	43,439.	221,740.
		I (add line 104, columns (B), (D) e 105 plus line 1e, Part I, should		unt on line 1	2 Part I		▶.	221,740.
	irt V	T				nt Durne	DEAC (Coo the instruction	2001
		_ 	·				`	
	e No. ▼	Explain how each activity for white exempt purposes (other than by	•		` '	ea importan	tly to the accomplishment o	or the organization's
<u>93</u>	<u> </u>	CONSULTING FEE 1		_	•		ZATION'S ACT	IVITIES
		INVOLVING ATHLE						
<u>94</u>		MEMBERSHIP FEES						
_		INTERNATIONAL SI						
Pa	rt IX	Information Regarding		Subsidiar		ded Enti		
N	ame, a	ddress, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
	parti	nership, or disregarded entity	ownership interes					assets
				%				
		N/A		%				
			· · · · · · · · · · · · · · · · · · ·	%				
				<u>%</u>	 			
Pa	rt X	Information Regarding	ng Transfers	S Associa	ted with Persona	I Benefi	t Contracts (See the	
•	(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No							
No.	ote: /f	"Yes" to (b), file Form 8870 and	Form 4720 (se	e instruction	s).			
								Form 990 (2006)

Form 990 (2006)

Preparer's SSN or PTiN (See Gen Inst X)

Phone no. \triangleright 805 966-4157

Here

Paid

Preparer

Use Only

Date

5

ZTTI & CO. LLP

MICHELTORENA ST. #200

CA

Check if self-

employed >

EIN >

Preparer's

signature

Firm's name (or

yours if self-employed),

address, and

Signature of officer

Type or print name and title

EXECUTIVE DIRECTOR

15

CFARZÁNE

Ε.

BASIL HONIKMAN

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization	Employer identification number					
RUNNING USA INC.	· · · · · · · · · · · · · · · · · · ·		36 4303950			
Part I Compensation of the Five Highest Paid Em (See page 2 of the instructions. List each one. If there are none,		Officers, Dire	ctors, and T	rustees		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		
NONE	_					
	-					
	-					
	_					
Total number of other employees paid over \$50,000	0					
Part II-A Compensation of the Five Highest Paid Inc. (See page 2 of the instructions. List each one (whether individual)			ional Servic	es		
(a) Name and address of each independent contractor paid more		(b) Type of s	service	(c) Compensation		
NONE						
Total number of others receiving over \$50,000 for professional services	0					
Part II-B Compensation of the Five Highest Paid Inc (List each contractor who performed services other than profess firms. If there are none, enter "None." See page 2 of the instruction	sional services, whether individu		ervices			
(a) Name and address of each independent contractor paid more to	than \$50,000	(b) Type of s	service	(c) Compensation		
NONE				_		
Total number of other contractors receiving over \$50,000 for other services ▶	0					

623101/01-18-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

F	Part III Statements About Activities (See page 2 of the instructions.)					
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or					
	line i of Part VI-B.)	1		<u>X</u>		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations					
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.					
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			·		
i	a Sale, exchange, or leasing of property?	_2a		X		
١	b Lending of money or other extension of credit?	2b		X_		
(c Furnishing of goods, services, or facilities?	2c		X		
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	L		
(e Transfer of any part of its income or assets?	2e		X		
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	i				
	the organization determines that recipients qualify to receive payments.)	3a		X		
	b Dd the organization have a section 403(b) annuity plan for its employees?	3b_		<u>X</u>		
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,					
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	L	<u> </u>		
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u> </u>		
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f					
	and 4g	4a		X		
	b Did the organization make any taxable distributions under section 4966?	4b		X		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X		
	d Enter the total number of donor advised funds owned at the end of the tax year			0		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.		
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on					
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.		
	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.		
	#					

Par	l IV	Reason for Non-Private Foundation S	Status (See pages 4 tl	hrough 7 of the instructio	ns.)					
l certify	that th	ne organization is not a private foundation because it is: (Please check only ONE a	pplicable box.)						
5		A church, convention of churches, or association of ch	-	•						
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part		,,,,,						
7		A hospital or a cooperative hospital service organization	•	u).						
8	一	A federal, state, or local government or governmental u	, , , , ,	•						
9	一	A medical research organization operated in conjunction		• •	he hosnital's	name city				
•		and state	m mar a moophall occitor	, 0(0)(.)(, .)(). Entor (no noopital	, mamo, ony,				
10	\Box	An organization operated for the benefit of a college or	university owned or one	rated by a novernmental i	init Section	170(b)(1)(A)(e	w\			
		(Also complete the Support Schedule in Part IV-A.)	amitorony omnou or oper	atoo by a governmentar t	mi. oconon	170(0)(1)(1)(1)	v j.			
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.								
110		Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)								
11b			•	dule in Dort IV A \						
12	H	A community trust. Section 170(b)(1)(A)(vi). (Also cor		·	-abin fana a					
12		An organization that normally receives: (1) more than a receipts from activities related to its charitable, etc., fur								
		its support from gross investment income and unrelate								
		by the organization after June 30, 1975. See section 5								
40		A		1.4						
13		An organization that is not controlled by any disqualifie	· ·	undation managers) and	otnerwise me	ets the require	ements of section			
		509(a)(3) Check the box that describes the type of sup	· ~~				_			
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-	Other			
		Describe the fall souls of the second second		-!A! (Can ann 7 af	4h aa4a4	\				
		Provide the following information at		1						
		(a)	(b)	(c)	(d	·	(e)			
		Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines		ipported on listed in	Amount of support			
			number (EIN)	5 through 12 above		porting	опроп			
			, ,	or IRC section)		zation's				
					governing	documents?				
					Yes	No				
_			•			<u>'</u>				
Total						•				
Total	<u> </u>					>				

623121 01-18-07

Add: Line 27a total and line 27b total 27d N/A Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to

show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15. 623131 01-18-07 NONE

13

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	Ά	
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	· · · · · · · · · · · · · · · · · · ·	Yes	No
29	instrument, or in a resolution of its governing body?	29	 	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
•	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		ł
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			1
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
32	Does the organization maintain the following:	_		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	 	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	200		
	admissions, programs, and scholarships?	32c 32d	\vdash	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	320	 	\vdash
	Tryou answered No to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	 	
b	·	33b		
C	Employment of faculty or administrative staff?	33c		├
d	Scholarships or other financial assistance?	33d	-	
е	Educational policies?	33e	 	
f	Use of facilities?	33f	╁──	
9	Athletic programs?	33g	 	
þ		33h	1	<u> </u>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		—		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
h	Has the organization's right to such aid ever been revoked or suspended?	34b		

	Expenditures by Ele ed ONLY by an eligible organi	ecting Public Charities exation that filed Form 5768)	(See pag	ge 10 d	of the instructi	ons.)		N/A
Check ▶ a if the organization	ation belongs to an affiliated	group. Check 🕨 b		ou ch	ecked "a" and	*limited c	ontrol"	provisions apply.
	mits on Lobbying E	•			Affiliati	(a) ed group otals		(b) To be completed for all electing organizations
(1118 1611	in expenditures means amo	unts paid of incurred.)			N/		_	ordaning organizations
26 Total Johnwan evnenditures t	o influence public opinion (ar	raceroate labbuna)		26	N/	A		
36 Total lobbying expenditures to 37 Total lobbying expenditures to 36 Total lobbying expenditures to 37 Total lobbying expenditures to 38 Total lobb		• • •		36 37				
37 Total lobbying expenditures to 38 Total lobbying expenditures (•	(direct lobbying)		38			-	· · · · · · · · · · · · · · · · · · ·
Other exempt purpose expenditures (•			39	<u>-</u>			
10 Total exempt purpose expend				40				
11 Lobbying nontaxable amount	•	following table -						
If the amount on line 40 is -		g nontaxable amount is -						
Not over \$500,000	20% of the am	-	٦					
Over \$500,000 but not over \$1,000	,000 \$100,000 plus	15% of the excess over \$500,000			İ			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000				41				
Over \$1,500,000 but not over \$17,	000,000 \$225,000 plus	5% of the excess over \$1,500,000						
Over \$17,000,000	\$1,000,000		J					
12 Grassroots nontaxable amou	nt (enter 25% of line 41)			42				
Subtract line 42 from line 36.	Enter -0- if line 42 is more th	nan line 36		43				
4 Subtract line 41 from line 38.	Enter -0- if line 41 is more th	nan line 38		44				
		e 44, you must file Form 472	_					
	(-)	Lobbying Expenditu		g 4-Ye	ar Averaging			N/A
Calendar year (or fiscal year beginning in)	(a) 2006	(b) (c) 2005 2004				(d) 2003		
45 Lobbying nontaxable amount								0.
46 Lobbying ceiling amount (150% of line 45(e))								0.
47 Total lobbying			•					
expenditures								0.
18 Grassroots nontaxable								
amount								0.
49 Grassroots ceiling amount								
(150% of line 48(e))						-		0
50 Grassroots lobbying								0.
expenditures Part VI-B Lobbying /	Activity by Nonelec	ting Public Charities						
	• •	not complete Part VI-A) (See pag	ne 13 of th	ie instr	uctions.)			N/A
During the year, did the organizati								
nfluence public opinion on a legis	•					Yes	No	Amount
a Volunteers	·	·					·	
b Paid staff or management (In	clude compensation in exper	ises reported on lines c through l	h.)					
c Media advertisements								
d Mailings to members, legislat	ors, or the public							
e Publications, or published or								
f Grants to other organizations								
g Direct contact with legislators						-		
 h Rallies, demonstrations, semi i Total lobbying expenditures (, lectures, or any other means				 		0.
		a detailed description of the lobb	ying activ	ities.				

Part		-		Relationships With Noncha	ritable	
		zations (See page 13 of the instr				
		irectly or indirectly engage in any of	•	-		
	• •	section 501(c)(3) organizations) or ii		litical organizations?		
		janization to a noncharitable exempt	organization of:		Yes	
	(i) Cash				51a(i)	<u> </u>
	ii) Other assets				a(ii)	X
	other transactions:				L/15	
	· ·	ts with a noncharitable exempt organ	nization		b(i)	X
	•	noncharitable exempt organization			b(ii)	X
•	ii) Rental of facilities, equipme				b(iii)	X
•	(v) Reimbursement arrangeme	nts			b(iv)	X
	(v) Loans or loan guarantees	membership or fundraising solicitat	IODE		b(vi)	X
•	•	mailing lists, other assets, or paid e		c	$\frac{X}{X}$	
	-		=	lways show the fair market value of the		1 22
	_	given by the reporting organization.		-		
_		nent, show in column (d) the value o			N/	A
(a)	(b)	(c)		(d)		
Line no		Name of noncharitable ex	empt organization	Description of transfers, transactions, a	nd sharing arrange	ements
			<u></u>	-		
			• • •			
	ļ					
				" .		
			-			
	 					
-						
C	code (other than section 501(c) "Yes," complete the following s	(3)) or in section 527? schedule: N/A	T	anizations described in section 501(c) of the		X No
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relatio	nship	
					-	
			-			
						
			<u> </u>	 		
		<u> </u>				
623152			<u> </u>			

Current Year Deduction	2,850.	
Current Sec 179	0	•
Accumulated Depreciation	4,714.	1
Basis For Depreciation	22,000.	
Reduction In Basis	0	
Bus % Excl		
Unadjusted Cost Or Basis	22,000.	
No No	21	
Life	7.00	
Method	SL	
Date Acquired	070104SL	
Description	1TOYOTA SIENNA * TOTAL 990 PAGE 2 DEPR	
Asset		

(D) · Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

RUNNING USA INC.

1

FOOTNOTES

STATEMENT

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE THE ACTIVITIES OF THE ORGANIZATION ARE INTENDED TO FOSTER NATIONAL AND INTERNATIONAL SPORTS COMPETITION IN THE SPORT OF LONG DISTANCE RUNNING. THE SPECIFIC ACTIVITIES OF THE ORGAINIZATION, WHILE INTERRELATED, CAN BE DIVIDED INTO EIGHT GENERAL CATEGORIES. A PRECISE RANKING OF THOSE CATEGORIES AND THE ACTIVITIES WITHIN THEM IN ORDER OF IMPORTANCE IS DIFFICULT.

THE EIGHT GENERAL CLASSIFICATIONS ARE:

- 1. ATHLETIC SUPPORT AND DEVELOPMENT
- 2. PROGRAMS
- 3. EVENT SERVICES
- 4. RUNNER SERVICES
- 5. MEDIA SERVICES
- 6. MARKETING AND RELATED SERVICES
- 7. STATISTICS AND RECORDS
- 8. FUNDRAISING

FORM 990	SPECIAL EVE	NTS AND ACTIV	TITIES		STATEMENT		
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSE		3	
ANNUAL CONFERENCE 2007 ANNUAL CONFERENCE 2006	66,842. 100,364.	13,600.	53,242. 100,364.	76,017 34,150			
TO FM 990, PART I, LINE	167,206.	13,600.	153,606.	110,167	7. 43,43	39.	
FORM 990 OTHER CH.	ANGES IN NET	ASSETS OR FU	IND BALANC	ES S	STATEMENT		
DESCRIPTION					AMOUNT		
ADJUSTMENT TO OPENING NE	r assets			,,-	3,85	59.	
TOTAL TO FORM 990, PART	I, LINE 20				3,85	59.	
FORM 990	ОТН	ER EXPENSES			STATEMENT	4	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGE AND GE		(D)	NG	
BOARD MEETINGS INFORMATION SERVICES ATHLETIC EVENTS COACHING YOUTH PROGRAM CONSULTANTS MARKETING &	2,887. 25,763. 42,227. 63,631. 861. 137,459.	1,328 11,851 40,948 63,631 861 137,459	1	1,386. 2,366. 1,279.		73.	
MARKETING & ADVERTISING	79.			79.			
MEMBER RECRUITMENT &					2,89	a n	
MEMBER RECRUITMENT & SERVICES VEHICLE EXPENSES MISCELLANEOUS GRANTS	2,890. 4,389. 813. 8,000.	2,019 374		2,107. 390.	26	53. 49.	

FORM 990 OFFIC	STATEMENT !			
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYE BEN. PLA		TOTALS
BASIL HONIKMAN	62,667.			62,667
A. PROGRAM SERVICES			17,547	
B. MANAGEMENT AND GENERAL	28,200.			28,200
C. FUNDRAISING	16,920.			16,920
TOTAL PROGRAM SERVICES				17,547
TOTAL MANAGEMENT AND GENERA	L			28,200
TOTAL FUNDRAISING				16,920
TOTAL OFFICER, ETC., COMPEN	SATION INCLUD	ED ON PART	II, LINE 25A	62,667
FORM 990 DEPRECIATION	OF ASSETS NOT	HELD FOR	INVESTMENT	STATEMENT 6
DESCRIPTION			ACCUMULATED DEPRECIATION	BOOK VALUE
TOYOTA SIENNA		22,000.	7,564.	14,436.
TOTAL TO FORM 990, PART IV,	LN 57	22,000.	7,564.	14,436.

	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES						
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT			
ALLAN STEINFELD SAME AS ORGANIZATION	PRESIDENT 2.00	0.	0.	0.			
TRACY RUSSELL SAME AS ORGANIZATION	SECRETARY 2.00	0.	0.	0.			
VIRGINIA ACHMAN SAME AS ORGANIZATION	VICE PRESIDENT 2.00	0.	0.	0.			
DOUG KAPLAN SAME AS ORGANIZATION	VICE PRESIDENT 2.00	0.	0.	0.			
DAVID ALBERGA SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.			
STEVE BASKIN SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.			
KEVIN TORDOFF SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.			
NICK CURL SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.			
STEVE MILLER SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.			
FRED FINKE SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.			
BRUCE FRANKE SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.			

RUNNING USA INC.			36-4	303950
DAVE MCGILLIVRAY SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.
ANDREW HERSAM SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.
JULIA EMMONS SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.
CREIGH KELLEY SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.
GLENN LATIMER SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.
CHRIS MILLER SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.
BASIL HONIKMAN SAME AS ORGANIZATION	EXECUTIVE DIREC	TOR 62,667.	0.	0.
BILL ROE SAME AS ORGANIZATION	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	RT V-A	62,667.	0.	0.

Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2006

Attachment Sequence No 67

Business or activity to which this form relates

990

Identifying number

RUNNING USA INC. Part I Election To Expense Certain Property	Under Section 1	70 Note: If we		M 990 I		V hofom w	36-4303950					
				led property,	complete rait							
1 Maximum amount See the instructions f	•					2	108,000.					
	 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 											
	3	430,000.										
4 Reduction in limitation Subtract line 3 fro	4											
5 Dollar limitation for tax year Subtract line 4 from line 1		-0- If married fil				5						
6 (a) Description of prop	erty		(b) Cost (busin	ess use only)	(c) Elected	d cost						
· 					_							
7 Listed property Enter the amount from li	ne 29			7	<u></u>							
8 Total elected cost of section 179 propert	y. Add amounts	s in column (d	c), lines 6 and	7		8						
9 Tentative deduction Enter the smaller o	f line 5 or line 8					9						
10 Carryover of disallowed deduction from leading to the control of the contro	ine 13 of your 2	005 Form 45	62			10						
11 Business income limitation Enter the sm	aller of busines	s income (no	t less than zer	o) or line 5		11						
12 Section 179 expense deduction Add line	es 9 and 10, but	t do not ente	r more than lir	ne 11		12						
13 Carryover of disallowed deduction to 200	7 Add lines 9	and 10, less I	ine 12	▶ 13								
Note: Do not use Part II or Part III below for I	sted property.	Instead, use i	Part V	.,,,,								
Part II Special Depreciation Allowand	ce and Other D	epreciation	(Do not include	de listed prop	erty.)							
14 Special allowance for qualified New York Liber	ty or Gulf Opporti	inity Zone proj	perty (other than	listed propert	у)							
placed in service during the tax year						14						
15 Property subject to section 168(f)(1) elec	15											
16 Other depreciation (including ACRS)						16						
Part III MACRS Depreciation (Do not	include listed p	roperty) (See	instructions)		-							
		Se	ction A									
17 MACRS deductions for assets placed in	service in tax ye	ears beginnin	g before 2006	3		17						
18 If you are electing to group any assets placed in service	e during the tax year	into one or more	general asset acco	ounts, check here	▶ [
Section B - Assets P	laced in Service	e During 20	06 Tax Year l	Jsing the Ge	neral Deprecia	ation Syste	em					
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction					
19a 3-year property												
b 5-year property												
c 7-year property						!						
d 10-year property												
e 15-year property		,					-					
f 20-year property												
g 25-year property				25 yrs		S/L	-					
	/			27.5 yrs	MM	S/L	<u>-</u> ·					
h Residential rental property	/			27 5 yrs.	ММ	S/L						
	/			39 yrs	ММ	S/L						
i Nonresidential real property	/				ММ	S/L						
Section C - Assets Pla	ced in Service	During 2006	3 Tax Year Us	ing the Alter	native Depre		tem					
20a Class life						S/L						
b 12-year				12 yrs.		S/L						
c 40-year	,			40 yrs	ММ	S/L						
Part IV Summary (see instructions)		•	 .			<u> </u>						
21 Listed property. Enter amount from line 2	<u></u>				·	21	2,850.					
22 Total. Add amounts from line 12, lines 14		es 19 and 20) in column (a)	, and line 21								
Enter here and on the appropriate lines o	-				tr	22	2,850.					
23 For assets shown above and placed in se	=		=			,						
portion of the basis attributable to section	•		.,	23								

Part V	recreation, or a Note: For any t through (c) of S	musement) ehicle for wi	hich you ar	e using the	e standar	d milea	ge rate o	•		•	•	•			
Section A	- Depreciation a							imits fo	or passeng	ger auto	mobiles.)				
24a Do you	have evidence to s	upport the bu	siness/inves	tment use c	laimed?	X	res 🗌	No	24b lf "Y	es," is t	he evide	nce writ	ten?	Yes	☐ No
	(a) of property hicles first)	(b) Date placed in service	(c) Busine investm use perce	ient	(d) Cost or other basis	l /bi	(e) Isis for depr Usiness/inve Use onl	estment	(f) Recovery period	Me	(g) ethod/ vention	Depre	(h) eciation uction	Elei sectio	(i) cted on 179 ost
25 Special	allowance for qualit	ied New York	Liberty or G	ulf Opportur	nity Zone p	roperty	placed in	service	during the	tax year					
	d more than 50% ii										25				
	ty used more tha														
TOYOTA	A SIENNA	070104	100.0	0 % 2	<u>22,00</u>	0.	22,0	000.	7.00	SL	-HY	2,	850.		
			· -	%			_			<u> </u>		<u> </u>			
		l		%			-		l	1.		<u>!</u>		l	
27 Propert	ty used 50% or le	ess in a qual	ified busine												
		·							ļ	S/L·		ļ			
				%	 				 	S/L ·		ļ .			
	<u> </u>		<u> </u>	<u>% </u>					L	S/L·		<u> </u>	 -		
	nounts in column		_				I, page 1				28	2,	<u>850.</u>		
29 Add an	nounts in column	(i), line 26 E	nter here a		7, page B - Infor								29	<u> </u>	
	his section for ve ded vehicles to y des			swer the q		in Sect				an exce		complet	ing this s	section fo	
30 Total bu	siness/investment	miles driven d	uring the		hicle		ehicle	_\	/ehicle	1	hicle	1	hicle	Veh	
	not include comr		army mo	1		<u></u>	,,,,,,,	† <u>'</u>		"	111010	1	TIOIC .	V 0.11	1010
	ommuting miles of		the vear			<u> </u>				<u> </u>	_	1			
	ther personal (no	_	•					†	_	1		ļ			
driven	porocera: (110		,,												
	niles driven during	the vear.			-								-		
	es 30 through 32	•		İ											
	e vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during	off-duty hours?	•			1										
35 Was th	e vehicle used pi	nmanly by a	more												
than 59	% owner or relate	ed person?													
36 Is anoth	her vehicle availa	ble for perso	onal												
use?		<u></u>													
	se questions to delated persons	Section C determine if		•	•					-			re not m	ore than	1 5%
37 Do you	maintain a writte	n policy stat	tement that	t prohibits	all persor	nal use	of vehicl	es, inc	luding coi	mmuting	ı, by you	r		Yes	No
employ	ees?				•										
38 Do you	maintain a writte	n policy stat	tement tha	t prohibits	personal	use of	vehicles,	excep	t commut	ting, by	your				
employ	ees? See the ins	tructions for	vehicles u	sed by cor	porate of	fficers, o	directors	, or 1%	6 or more	owners					
39 Do you	treat all use of ve	ehicles by er	nployees a	s personal	use?										
40 Do you	provide more tha	an five vehic	les to your	employees	s, obtain	ınforma	ition from	your o	employee	s about					
the use	of the vehicles,	and retain th	e informati	on receive	d?										
41 Do you	meet the require	ments conc	erning qua	lified auton	nobile de	monstr	ation use	?							
	If your answer to	37, 38, 39, 4	10, or 41 is	"Yes," do i	not comp	olete Se	ction B f	or the	covered v	ehicles					
Part VI	Amortization														
	(a) Description of	costs		(b) Date amortization begins		(C) Amortiza amour	able nt		(d) Code section		(e) Amortiza period or per		Ar fo	(f) nortization r this year	
42 Amortiz	ation of costs th	at begins du	ring your 2	006 tax ye	ar [.]					·····					
			l									,			
	ation of costs th	_	•	•								43			
44 Total. A	Add amounts in c	olumn (f) Se	e the instr	uctions for	where to	report						44			