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**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 Open to Public

Department of the Treasury

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

Inspection

A F	For the	2010 calendar year, or tax year beginning and er	nding	·	
В	Check if applicable	C Name of organization		D Employer identific	eation number
	Address	ROAD RUNNERS CLUB OF AMERICA			
	Name change	Doing Business As		23-72	283854
	Initial return	realized and street (street some many	oom/suite	E Telephone number	
	Termin- ated	1501 LEE HIGHWAY 1	40	703-5	<u>525-3890</u>
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,499,197.
	Applica tion	ARLINGTON, VA 22209		H(a) Is this a group re	
	pending	F Name and address of principal officer BRENT AYER		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
1	Tax-exe	npt status X 501(c)(3) 501(c)( )	527	If "No," attach a	list (see instructions)
		:▶ WWW.RRCA.ORG		H(c) Group exemption	
K Pa		rganization: X Corporation	L Year	of formation: 1958 M	State of legal domicile: VA
	1 E	riefly describe the organization's mission or most significant activities: TO PR	ОМОТЕ	AND ENCOURA	AGE LONG
Governance	I	DISTANCE RUNNING AS A COMPETITIVE SPORT A	ND HE	ALTHY EXCER	CISE.
e L		theck this box  if the organization discontinued its operations or dispose			
Š		lumber of voting members of the governing body (Part VI, line 1a)		3	9
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	9
	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	<u>4</u>
֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	6 T	otal number of volunteers (estimate if necessary)		6	80
Activities	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	75 <b>4</b> ,736.
, <b>«</b>	b N	let unrelated business taxable income from Form 990-T, line 34		7b	<73,813.>
i J				Prior Year	Current Year
3 0	8	Contributions and grants (Part VIII, line 1h)		449,891.	525,828.
֝֟֞֝֟֝֟֝֟֝֟֝֟	9 F	rogram service revenue (Part VIII, line 2g)		847,694.	925,326.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		25,411.	20,824.
, .	11 (	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	16,794.	27,219.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,339,790.	1,499,197.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	_	36,800.	44,929.
	1	denefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
es	15 9	salaries, other compensation, employee benefits (Pare X column (A), lines 5-10)	<u> </u>	186,665.	201,880.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 1 to)	<u> </u>	0.	0.
Š	b <sup>T</sup>	otal fundraising expenses (Part IX, column (D), line 25)	6.	1 020 100	1 125 000
ш	17 0	other expenses (Part IX, columnic), lings 11 a 11 (241)		1,038,198.	1,135,908.
		otal expenses. Add lines 13-17 (rhust equal Part IX, column (AX) line 25)	-	1,261,663.	1,382,717.
	19 F	Revenue less expenses Subtract line 18 from line 12		78,127.	116,480.
ts o	]		Re	ginning of Current Year	End of Year 1,553,464.
SSe	20 1	fotal assets (Part X, line 16)	-	1,210,791. 489,570.	669,182.
Net Assets or Fund Balances	21 1	otal liabilities (Part X, line 26) let assets or fund balances Subtract line 21 from line 20	-	721,221.	884,282.
	<u>22 ↑</u> art II	Signature Block	1	121,221.	004,2021
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief it is
		and complete. Declaration of prepare (other than officer) is based on all information of which			, kilomougo una bolloi, k lo
	, correct		on propuror	4/1/11	· · · · · · · · · · · · · · · · · · ·
ei.		Signature of officer		Date	
Sig He	( )	JEAN KNNACK, EXECUTIVE DIRECTOR			
ПС		Type or print name and title	-	<del></del>	-
_		Print/Type preparer's name Preparer's psighature	1	Date Check	PTIN
Pai		JEFFREY A LEESE	lo	06/01/11 self-employed	d
	- F		LTD.,	PC Firm's EIN	
	· -	Firm's address 6402 ARLINGTON BLVD., SUITE 1130			
	,	FALLS CHURCH, VA 22042-2333		Phone no. 70	03-237-2500
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	=		X Yes No
	001 02-22		ns.		Form <b>990</b> (2010)

(Expenses \$

Total program service expenses

49,001.)

248,170

183,086. including grants of \$

35,400.) (Revenue \$

Form 990 (2010) ROAD RUNNERS CLUB OF AMERICA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del>'</del>		
8	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			**
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	<del></del>		
	If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	<b>.</b>	
	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	i	0040
		Form	<b>990</b> (	2010)

Form 990 (2010) ROAD RUNNERS CLUB OF AMERICA

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5.000 of grants and other assistance to governments and organizations in the United States on Part X, column (A), line 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1			,	—-	
United States on Part IX, column (A), Ine 17 if "Yes," complete Schedule I, Parts and II 2 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), Ine 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," organization are susual and common forces, directors, trustees, key employees, and highest compensated organization of complete Schedule K if "No", go to line 25 2 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 2 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 3 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 4 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 5 bid the organization invest any proceeds of tax exempt bonds? 6 bid the organization invest any proceeds of tax exempt bonds? 6 bid the organization invest any proceeds of tax exempt bonds any tax any time during the year? 7 bid the organization manual and second that the transaction manual and the transaction with a disqualified person of unity year, and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person of inactive transaction that the transaction has not or be an unity of the organization and that the transaction beautiful transaction contributor, or a grant selection committee member, or to a person related to such an individual? If "yes," complete Schedule I, Part IV institu		Delta and the second of the se		Yes	No
22 M column (A), the 2'fl "Yes," complete Schedule I, Part I and III and other assistance to individuals in the United States on Part IX, column (A), the 2'fl "Yes," complete Schedule I, Part I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is a view that an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IK If "No", yo to line 25  Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 25b School 901(k)(3) and 501(k)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit and sequalified person during the year? If "Yes," complete Schedule I., Part I II be organization and soft the organization and the organization provide a grant or other assistance to an officer, director, flustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule II., Part IV IV instructions for applicable fling thresholds, conditions, and exceptions)  A current or organization provide a grant or other assistance to an officer, director, flustee, key employee? If "Yes," complete Schedule II. Part IV IV instructions for applicable fling thresholds, conditions, and exceptions)  A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule II. Part IV	21	· · · · · · · · · · · · · · · · · · ·			
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II was a sused after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule II with the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule II" "The", or Jo the ine 25  bid the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mivest any proceeds of tax-exempt bonds outstanding at any time during the year of defease any tax-exempt bonds?  Bechedule In a complete Schedule II and the organizations engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule II. Part II  bis the organization make that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule II. Part II  bis the organization make that the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule II. Part II	~~	···	21	^	
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the very that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  Did the organization marks an proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization marks an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization marks an orion behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  Did the organization as an "on behalf of "issuer for bonds outstanding as on the war."  Did the organization as an "on behalf of "issuer for bonds outstanding as on the war."  Did the organization as an "on behalf of "issuer for bonds outstanding as on an excess benefit transaction with a controllar of the properties	22			v	
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization aware that it engaged the properties of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization has not been reported on any of the organization of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization in any of the organization in provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule L, Part IV  25b Did the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV  27c In a neithy of which a current officer director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d Did the organization and a current officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d Did the organization or receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  28d Did the organization increave more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  28d Did the organization organization and that year and server in the organization with a controlled entity within the me		. •			
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization 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," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O	31	Did the organization liquidate, terminate, or dissolve and cease operations?			
Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O		If "Yes," complete Schedule N, Part I	31		<u> </u>
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  34			32		<u> X</u>
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37  X  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38  X	а				
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Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>		
			38	$ \mathbf{x} $	
					2010)

Form 990 (2010) ROAD RUNNERS CLUB OF AMERICA

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
		$\neg \top$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u>X</u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	[		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<del>/b</del>		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			_ <del></del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders  Cross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4047(aV4) non-exempt charitable trusts is the exemptation filing Form 990 in liquid form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form !	990 (	2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}		1
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u>X</u>	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			1
а	The governing body?	8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Х	<u> </u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	v	ĺ
	and branches to ensure their operations are consistent with those of the organization?	10b	X	<b></b> -
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		<del> </del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	ĺ
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	IZa	- 42	
U	to conflicts?	12b	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1210		
·	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			ĺ
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			ĺ
	exempt status with respect to such arrangements?	16b		<u> </u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion 🕨	·	
	ROAD RUNNERS CLUB OF AMERICA - 703-525-3890			
	1501 LEE HIGHWAY, SUITE 140, ARLINGTON, VA 22209			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organ	zation nor any related	orga	anıza	ation	cor	npei	nsa	ted any current officer,	director, or trustee	
(A)	(B)	1		((	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	heck	( all 1	that	app	ly)	compensation	compensation	amount of
	week (describe	ctor						from the	from related organizations	other compensation
	hours for	Ē	يو ا	ł	1	ated	l	organization	(W-2/1099-MISC)	from the
	related	ustee	truste		9,	Suadi	İ	(W-2/1099-MISC)	(**************************************	organization
	organizations	T lea	tonal		nploy	yee ye	_			and related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former			organizations
JEAN KNAACK	40.00							00 276		4 455
EXECUTIVE DIRECTOR	40.00	X		-	X		⊢	98,376.	0.	4,455.
BRENT AYER	4 00									
PRESIDENT	4.00	X				-	┢	0.	0.	0.
DAVID COTTER	2.00	3,5					ŀ			0
VICE PRESIDENT	2.00	X	<del> </del>			<u> </u>	├	0.	0.	0.
DENNIS NOVAK	2 00	x						0.	0.	0
TREASURER	2.00	^	<del> </del>	╁		├	┢	<u> </u>	<u>U•</u>	0.
MARK GRANDONICO	2.00	v					ŀ	0.	0.	0.
EASTERN DIRECTOR	2.00	^	├			<del> </del>	H			<u> </u>
DAVID B. EPSTEIN WESTERN DIRECTOR	2.00	X					1	0.	0.	0.
MITHCELL GARNER	2.00	122		<del>                                     </del>		İ	_		<del>`</del>	
CENTRAL DIRECTOR	2.00	x			ļ			0.	0.	0.
DAN EDWARDS		T-					$\Box$			
SECRETARY	1.00	X						0.	0.	0.
LENA HOLLMANN										
SOUTHERN DIRECTOR	2.00	Х		_				0.	0.	0.
KELLY RICHARDS										
AT-LARGE DIRECTOR	1.00	X	<u> </u>					0.	0.	0.
					ĺ					
					-	_	<del> </del>			
							L			
		<del>                                     </del>				_				<del></del>
		_	_			-	_			
		-			-		_			
					<u> </u>		L.,	<u> </u>	<u></u>	
										Carry 000 (0010)

Par	7 VII Section A. Officers, Directors, Tr	<u>ustees, Key Eı</u>	mple	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per	Position (check all that apply)					ŀΛ	Reportable	Reportable		_	timate	
		week (describe hours for related organizations in Schedule O)	istee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization: (W-2/1099-MIS	l s	com fro orga and	nount other pensa om the anizat d relat anizati	ition e ion ed
1b	Sub-total						$\blacktriangleright$		98,376.		0.		4,4	55.
С	Total from continuation sheets to Part V	II, Section A							0.	·	0.			<u>   0                                 </u>
	Total (add lines 1b and 1c)						<u> </u>		98,376.	<u> </u>	0.	<u>'</u>	4,4	<u>55.</u>
2	Total number of individuals (including but	not limited to tr	ose	liste	ed al	bove	e) wr	no re	eceived more than \$100	),000 in reportable	е			0
	compensation from the organization											T	Yes	No
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> For any individual listed on line 1a, is the s	su <i>ch individual</i> um of reportab	le co	ompe	ensa	ation	n and	d oth	ner compensation from			3		_X_
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		X
3	rendered to the organization? If "Yes," con	•				-		Ciali	ed organization of indiv	idual for Services		5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated inc	depe	ende	nt c	onti	racto	ors tl	hat received more than	\$100,000 of com	pens	ation fi	rom	
	the organization NONE	<del></del>							(B)			(C		
	Name and business	address							Description of s	ervices	С	omper		n
										,				
2	Total number of independent contractors	including but n	ot I	mite	d to	tho	se lis	sted	above) who received n	nore than	<del></del>			
	\$100,000 in compensation from the organ	zation				(	0						200	

Part VIII Statement of Revenue (C) (D) Revenue (A) (B) Unrelated Total revenue Related or excluded from business exempt function tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 418,922. Membership dues 1b 10,648. Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 96,258 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 525,828 Total, Add lines 1a-1f Business Code 707,146. 524298 707,146. 2 a INSURANCE PROGRAM Program Service 171,410. 171,410, **b** COACHING CERTIFICATION 900099 40,013 900004 40,013 c EXCLUSIVE SPONSORSHIP 3,500. 3,500 d SPECIAL PROGRAM FEES 900099 900099 3,257. 3,257. e PUBLICATIONS All other program service revenue 925,326 g Total, Add lines 2a-2f Investment income (including dividends, interest, and 20,824 20,824. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 10,648. of including \$ contributions reported on line 1c) See 0 Part IV, line 18 **b** Less direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MAILING LIST 900099 11,330. 11,330. 8,312. 8,312 900099 ь MISC. INCOME/REFUNDS c ROYALTIES 7,041 7,041 900099 536 536. 541800 d All other revenue 27,219 Total. Add lines 11a-11d 499,197. 186,479. 754,736. 32,154. Total revenue. See instructions. 032009 12-21-10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp	olete column (A) but are			<u> </u>
Do i	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	24,929.	24,929.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	20,000.	20,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U S	:			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				0.555
	trustees, and key employees	97,666.	79,109.	8,790.	9,767.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	89,132.	79,669.	4,286.	5,177.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits		45 55		
10	Payroll taxes	15,082.	12,820.	905.	1,357.
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,021.		3,021.	
С	Accounting	16,374.	1,678.	10,918.	3,778.
d	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	763.		763.	
12	Advertising and promotion	5,652.	2,099.	1,454.	2,099.
13	Office expenses	58,011.	43,912.	8,053.	6,046.
14	Information technology	19,512.	5,104.	12,707.	1,701.
15	Royalties		22 455	0.010	2 105
16	Occupancy	36,189.	30,175.	2,819.	3,195.
17	Travel	56,090.	23,637.	30,819.	1,634.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		22.245	4 546	
19	Conferences, conventions, and meetings	35,063.	30,347.	4,716.	
20	Interest				
21	Payments to affiliates			550	680
22	Depreciation, depletion, and amortization	13,448.	12,104.	672.	672.
23	Insurance	672,576.	670,808.	1,768.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	DIRECT EXPENSES	219,209.	211,779.		7,430.
b					
c					
d					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	1,382,717.	1,248,170.	91,691.	42,856.
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				Form <b>990</b> (2010)

Pa	rt X	Balance Sheet					
			_		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		, ·	416,473.	1	587,652.
	2	Savings and temporary cash investments				2_	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,667.	4	13,657.
	5	Receivables from current and former officers, di	ectors	, trustees, key			
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net			11,200.	7	9,100.
Assets	8	Inventories for sale or use			5,750.	8	
•	9	Prepaid expenses and deferred charges			8,159.	9	2,991.
	ı	Land, buildings, and equipment cost or other	1				, , , , , , , , , , , , , , , , , , , ,
		basis Complete Part VI of Schedule D	10a	85,009.			
	h	Less accumulated depreciation	10b	30,292.	49,600.	10c	54,717.
	11	Investments - publicly traded securities		3072324		11	<u> </u>
	12	Investments - other securities See Part IV, line 1	1		715,492.	12	882,897.
	13	Investments - program-related See Part IV, line				13	332732
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,450.	15	2,450.
	16	Total assets. Add lines 1 through 15 (must equal	al line :	841	1,210,791.	16	1,553,464.
	17	Accounts payable and accrued expenses	<u></u>		41,895.	17	30,156.
	18	Grants payable				18	30,200
	19	Deferred revenue			447,675.	19	639,026.
	20	Tax-exempt bond liabilities				20	<u> </u>
m	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
ij.	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi		·			
: <u>"</u>		of Schedule L	ou poi	Some Complete Cart		22	
	23	Secured mortgages and notes payable to unrela	ited th	rd narties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities Complete Part X of Schedule D		partio		25	
	26	Total liabilities. Add lines 17 through 25			489,570.		669,182.
		Organizations that follow SFAS 117, check he	re D	X and complete			
S	ĺ	lines 27 through 29, and lines 33 and 34.				ĺ	
ည	27	Unrestricted net assets			535,138.	27	691,691.
ョョ	28	Temporarily restricted net assets			176,083.	28	182,591.
8	29	Permanently restricted net assets			10,000.	29	10,000.
Š	=-	Organizations that do not follow SFAS 117, cl	neck h	ere 🕨 🗔 and			
Net Assets or Fund Balances	ŀ	complete lines 30 through 34.	I	und programme			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq	ulbma	nt fund		31	
Ä	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances	-0.110,		721,221.	33	884,282.
	34	Total liabilities and net assets/fund balances			1,210,791.	34	1,553,464.

Form	990 (2010) ROAD RUNNERS CLUB OF AMERICA	<u> 23-</u>	<u>728385</u>	<u>1</u> F	⊃age <b>12</b>				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 197.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	1,3	32,	717.					
3	Revenue less expenses Subtract line 2 from line 1	1	<u>16,</u>	480.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7	<u>21,</u>	221.					
5									
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	8	3 <b>4</b> ,	282.					
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
			_	Ye	s No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	<u>:</u>				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ļ				
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	<u>:                                    </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	).		]				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			1				
	separate basis, consolidated basis, or both								
	X Separate basis Consolidated basis Both consolidated and separate basis								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	dit						
	Act and OMB Circular A-133?		3a	Щ.	<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	tit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t	<u></u>					

Form **990** (2010)

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Name of the organization

		ROAD RU	NNERS CLUB C	F AME	RICA				2	<u>3-7283</u>	854	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t) See inst	ructions		<u>-</u>		
The organ	zation is not a	private foundation	because it is (For lines	through 1	11, check	only one b	ox)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(ı)					
2 🗀	A school des	cribed in section 17	O(b)(1)(A)(ii), (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	taí service organization o	described	n section	170(b)(1)	(A)(ui).					
4 🗀	A medical res	search organization of	operated in conjunction	with a hos	pıtal desci	rıbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's nam	e,
	city, and state	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental uni	t describ	ed in		
	section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II)									
6 🖳	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed ir	1
	section 170(	b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizati	on that normally rec	eives. (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	embershi	p fees, ai	nd gross red	ceipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvestr	nent
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June 3	0, 197	5.
		<b>509(a)(2).</b> (Complete	•									
10	•	,	perated exclusively to te	•	-			•				
11	-	-	perated exclusively for the									)r
		.,	itions described in section	, ,,	•		?) See <b>sec</b>	tion 509(a	a)(3). Che	eck the box	that	
		· · ·	organization and comple		_					٦		
	a Type i		_ ,, .			tionally int	-		d L	Type III - (		
e	-		t the organization is not									1
		•	han one or more publicly	• • •	•				8(a)(1) or	section 509	(a)(2)	
f	_		ten determination from t	the IRS tha	ititisa Iy	pe I, Type	II, or Type	· III				<del></del>
		rganization, check th										L,
g	_		organization accepted ar			-					Г <b>у</b> Т	
			rectly controls, either al	one or tog	etner with	persons c	iescribed i	n (II) and (I	ii) below,		Yes	No
			upported organization?							11g(i)		
		•	n described in (i) above?		.2					11g(ii) 11g(iii)		
h	• •	•	person described in (i) or about the supported org							( <u>i ig(iii)</u>	<u> </u>	
"	Flovide the it	onowing information	about the supported of	garlization	(3)							
(v) Nome	of our norted	(S) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) An	nount of	 i
	of supported Inization	(ii) EIN	organization	in col. (i) lis	•	1 ' '	-	organizátio (i) organiz	on in col.		port	
orge	inzation	1	(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	Ü.S.	2	оор	po	
		i	(see instructions))	Yes	No	Yes	No	Yes	No			
						1						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

#### Schedule A (Form 990 or 990-EZ) 2010 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			ļ		ļ	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					ļ	
3	The value of services or facilities				ļ		
	furnished by a governmental unit to						
	the organization without charge			ļ			
4	Total. Add lines 1 through 3					ļ <u>-</u> -	
5	The portion of total contributions		ļ				
	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	<u> </u>		<u> </u>	<u> </u>		<u> </u>
	tion B. Total Support	4 1 0000	T # 1 0007	4 1 0000	4 % 0000	( ) 0010	40 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 4					<del> </del>	
8	Gross income from interest,			}			
	dividends, payments received on						
	securities loans, rents, royalties			}			
_	and income from similar sources	<del>.</del>		<del> </del>	<del> </del>		
9	Net income from unrelated business			ļ			
	activities, whether or not the				ļ.		
	business is regularly carried on		·		ļ		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)			<u> </u>	<u> </u>	<u> </u>	<del></del>
	Total support. Add lines 7 through 10		<u>!                                     </u>	<u> </u>		ļ	L
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	=	s first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3)	<b>⊾</b> г−
Sec	organization, check this box and stop tion C. Computation of Publi		rcentage				
	Public support percentage for 2010 (li			column (fl)		14	9
	Public support percentage from 2009		•	.,,		15	9
	33 1/3% support test - 2010.If the or			n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	_					▶□
b	33 1/3% support test - 2009.If the or		*		line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization quali	_					▶
		, ,	• • •		13, 16a, or 16b.	and line 14 is 10%	or more,
	•	- 20 10. If the org					
	10% -facts-and-circumstances test and if the organization meets the "fac	•		his box and stop h	nere. Explain in Pa	art IV how the organ	nization
	10% -facts-and-circumstances test and if the organization meets the "fact	s-and-circumstar	ices" test, check t	-	•	art IV how the organ	nization
17a	10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	ts-and-circumstar test The organiza	nces" test, check t ation qualifies as a	publicly supported	d organization	_	▶□
17a	10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances test	s-and-circumstar test The organiza - <b>2009.</b> If the org	nces" test, check t ation qualifies as a anization did not c	publicly supported the publicly supported the publicly supported the public pub	d organization e 13, 16a, 16b, or	17a, and line 15 is	<b>▶</b> ☐ 10% or
17a	10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	is-and-circumstar test The organiza - 2009, If the org e "facts-and-circu	ices" test, check t ation qualifies as a anization did not c imstances" test, c	publicly supported heck a box on line heck this box and	d organization e 13, 16a, 16b, or stop here. Explai	17a, and line 15 is in Part IV how the	<b>▶</b> ☐ 10% or

(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.)

qualify under the tests list Section A. Public Support	ted below, please comp	olete Part II)				
	(-) 0000	(h) 2007	(a) 2009	(4) 2000	(e) 2010	(f) Total
Calendar year (or fiscal year beginning in	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(i) iotai
<ol> <li>Gifts, grants, contributions, and membership fees received (Do n</li> </ol>	not					
include any "unusual grants ")	377,605.	399 715	456,313.	449 891	525,82	8. 2209352.
2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	r.			144,675.		
Gross receipts from activities that are not an unrelated trade or bus iness under section 513	at					
4 Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf	o					
5 The value of services or facilities furnished by a governmental unit the organization without charge	t to	414 000	402 700	504 566	702.00	2500300
6 Total. Add lines 1 through 5	393,040.	414,089.	492,700.	594,566.	703,99	5. 2598390.
7a Amounts included on lines 1, 2, a 3 received from disqualified pers	ons		50,000.			50,000.
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.
c Add lines 7a and 7b			50,000.			50,000.
8 Public support (Subtract line 7c from line 6	5)			<u> </u>		2548390.
Section B. Total Support		T	T	1	Т	
Calendar year (or fiscal year beginning in		<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	393,040.	414,089.	492,700.	594,566.	703,99	5. 2598390.
10a Gross income from interest, dividends, payments received or securities loans, rents, royalties and income from similar sources		31,363.	26,366.	27,690.	32,15	4. 144,436.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from busines acquired after June 30, 1975	sses					
c Add lines 10a and 10b	26,863.	31,363.	26,366.	27,690.	32,15	4. 144,436.
11 Net income from unrelated busin activities not included in line 10b whether or not the business is	ness ),					
regularly carried on  12 Other income Do not include ga		<5,272.	> 9,953.	<40,041.	> 3,61</td <td>.3.&gt;&lt;99,389.</td>	.3.><99,389.
or loss from the sale of capital assets (Explain in Part IV)	3,714.	4,534.	8,374.	12,279.	8,31	2. 37,213.
13 Total support (Add lines 9, 10c, 11, and	<sup>12)</sup> 413,387.	444,714.	537,393.	614,508.	670,64	8. 2680650.
14 First five years. If the Form 990	• •	s first, second, thii	d, fourth, or fifth to	ax year as a section	on 501(c)(3) org	ganization,
check this box and stop here Section C. Computation of F	Public Support Pe	rcentage				<b>&gt;</b>
15 Public support percentage for 20			column (f))		15	95.07 %
16 Public support percentage from					16	92.82 %
Section D. Computation of I					<u> </u>	F 20
17 Investment income percentage f			ne 13, column (f))		17	5.39 %
18 Investment income percentage f					18	4.80 %
19a 33 1/3% support tests - 2010.						line 17 is not
more than 33 1/3%, check this b b 33 1/3% support tests - 2009.	If the organization did r	not check a box or	line 14 or line 19a	a, and line 16 is me	ore than 33 1/3	
line 18 is not more than 33 1/3%						ation ►
20 Private foundation. If the organi	ization did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	
000000 40 04 40				Cal	andula A /Ear	n 990 or 990-F <b>7</b> ) 201

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

Name of the organization

**Employer identification number** 

	ROAD RUNNERS CLUB				<u>23-7283</u>	
Pai	t I Organizations Maintaining Donor Advis	ed Funds or C	ther Similar Funds	or Accou	unts. Complete if	the
	organization answered "Yes" to Form 990, Part IV, III					
		(a) Dono	advised funds	( <b>b</b> ) Fur	nds and other acco	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year			<b></b>		
5	Did the organization inform all donors and donor advisors in	n writing that the a	ssets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	's exclusive legal c	ontrol?		└── Yes	└─ No
6	Did the organization inform all grantees, donors, and donor	advisors in writing	that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor	or donor advisor,	or for any other purpose	conferring		
	ımpermissible private benefit?		<u> </u>		Yes	No.
Pai	t II Conservation Easements. Complete if the o	rganization answe	red "Yes" to Form 990, F	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organiza	ation (check all that	apply)			
	Preservation of land for public use (e.g., recreation or	education)	Preservation of an his	torically imp	ortant land area	
	Protection of natural habitat		☐ Preservation of a cert	ified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	ilified conservation	contribution in the form	of a conserv	ation easement on	the last
	day of the tax year				γ	
					Held at the End of t	he Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic st			2c		
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and	l not on a historic structi	ıre	1	
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguisl	ned, or terminated by the	organizatio	n during the tax	
	year ▶					
4	Number of states where property subject to conservation e	asement is located	·			
5	Does the organization have a written policy regarding the pe	eriodic monitoring,	inspection, handling of			
	violations, and enforcement of the conservation easements				L Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting					
7	Amount of expenses incurred in monitoring, inspecting, and				\$	_
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requ	urements of section 170	(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				L Yes	Ll No
9	In Part XIV, describe how the organization reports conserva					
	include, if applicable, the text of the footnote to the organization	ation's financial sta	atements that describes	the organiza	tion's accounting f	or
D	conservation easements	- C A - A - I I I - A i -	al Taranana an O	Ale an Cinail	lau Aanada	
Pai	t III Organizations Maintaining Collections			tner Simi	iar Assets.	
	Complete if the organization answered "Yes" to Forn					
та	If the organization elected, as permitted under SFAS 116 (A	•				
	historical treasures, or other similar assets held for public ex		n, or research in turthera	nce of public	service, provide, i	n Paπ XIV,
	the text of the footnote to its financial statements that desc					
b	If the organization elected, as permitted under SFAS 116 (A	**				
	treasures, or other similar assets held for public exhibition,	education, or resea	arch in furtherance of pui	DIIC SERVICE,	provide the following	ng amounts
	relating to these items				<b>A</b>	
	(i) Revenues included in Form 990, Part VIII, line 1				\$ \$	
_	(ii) Assets included in Form 990, Part X			, <b>•</b>		<del></del>
2	If the organization received or held works of art, historical tr			gain, provid	10	
	the following amounts required to be reported under SFAS	116 (ASC 958) rela	iting to these items:		•	
a	Revenues included in Form 990, Part VIII, line 1				\$ \$	<del></del>
b	Assets included in Form 990, Part X			<b>&gt;</b>	\$	<del></del> _

Sche	dule D (Form 990) 2010 ROAD RU	NNERS CLUB	OF AMERIC	Α		<u>728385</u>		
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of	its collectio	n item	s
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other			<del></del>		
С	Preservation for future generations							
4	Provide a description of the organization's co					Part XIV		
5	During the year, did the organization solicit of				ar assets		_	7
	to be sold to raise funds rather than to be ma				<u> </u>	Yes		<u>No</u>
Par	<del></del>	-	ete if the organizatio	n answered "Yes" t	o Form 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa				*****	-		
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for contribution	s or other assets n	ot included			٦
	on Form 990, Part X?					Yes		J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table					
						Amoun	t	
С	Beginning balance				1c '			
đ	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	<del></del>		<del></del>
	Did the organization include an amount on F		21?			Yes		No
$\overline{}$	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete					.1 _		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four	years	back
1a	Beginning of year balance	10,000.	10,000.	10,000	•		<del></del>	
b	Contributions						<del> </del>	
С	Net investment earnings, gains, and losses	150.	150.	300	•			
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	150.	150.	300	•			<del></del>
f	Administrative expenses							
g	End of year balance	10,000.	10,000.	10,000				
2	Provide the estimated percentage of the year	r end balance held a	S					
	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
С	Tomi ondomion	%						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization	1		
	by					<del></del>	Yes	No
	(i) unrelated organizations					3a(i)		<u>X</u>
	(ii) related organizations					<u>3a(iı)</u>		<u> </u>
b	If "Yes" to 3a(ii), are the related organization:	•				_3b_		
4	Describe in Part XIV the intended uses of the							
Par	t VI   Land, Buildings, and Equipn	<del></del>						
	Description of investment	(a) Cost or o		'''	Accumulated epreciation	(d) Boo	k valu	e 
1a	Land							
b	Buildings						<del></del>	
c	Leasehold improvements							
d	Equipment			4,716.	18,884.			<u>32.</u>
е				0,293.	11,408.			<u>85.</u>
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c))		5	<u>4,7</u>	<u> 17.</u>

Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

(10) (11)

	adule D (Form 990) 2010 ROAD RUNNERS CLUB OF AMER		: 104-4		<u>/////////////////////////////////////</u>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Fir	nancial Stat	emen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,499,197.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,382,717.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		116,480.
4	Net unrealized gains (losses) on investments		4		46,581.
5	Donated services and use of facilities		_5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9		46,581.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10		163,061.
Pa	rt XII Reconciliation of Revenue per Audited Financial State	ments with He	venue per i	Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,568,574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	46 501		
а		2a	46,581	<b>-</b>	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c	00 506	-	
d	,	_2d	22,796	릭	60 255
е				2e	69,377.
3	Subtract line 2e from line 1			3	1,499,197.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	•	4a		-	
b	Other (Describe in Part XIV)	4b		- 1	
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	monto With E	VD0000000	5 Dotu	1,499,197.
	rt XIII Reconciliation of Expenses per Audited Financial State	ements with E.	xpenses pe		
1	Total expenses and losses per audited financial statements			1	1,405,513.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		1 1	
а		2a		- [	
þ	Prior year adjustments	2b		-	
С	Other losses	2c	20 706	-	
đ	Other (Describe in Part XIV)	2d	22,796	7	22 706
_	Add lines 2a through 2d			2e	22,796.
3	Subtract line 2e from line 1			3	1,382,717.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV.)	_4b		-	•
	Add lines 4a and 4b			4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,382,717.
	rt XIV Supplemental Information		L Dart IV June 1	41	Oh Dark V has 4 Dark
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa				
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also co		-		I information
FA	RT V, LINE 4: THE FUND IS TO BE HELD IN B	ORPEIGIII	MIIU II	<u>.16</u>	
TN	VESTMENT EARNINGS TO BE USED FOR THE KIDS	מאידי נמומי	NATTON 1	DR OG	RAM.
<u> </u>	VEGIMENT EARNINGS TO BE OBED TOX THE RIDE	NOIN IIIB	MATION	<u>. Itoo</u>	IUIII.
			-	-	
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
IN	-KIND CONTRIBUTIONS				
					-
<u>PA</u>	RT XIII, LINE 2D - OTHER ADJUSTMENTS:				
IN	-KIND CONTRIBUTIONS				

<u>۽</u> Employer identification number 23-7283854 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(c) IRC section or government

(d) Amount of recipient received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of recipient assistance or government

(g) Description of recipient received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of recipient in additional space is needed (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. ROAD RUNNERS CLUB OF AMERICA General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

2 Enter total number of section 501(c)(3) and government organizations	<b>A</b>
3 Enter total number of other organizations	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) (2010)

24

032101 01-13-11

23-7283854 I (Form 990) (2010) ROAD RUNNERS CLUB OF AMERICA

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed Schedule I (Form 990) (2010)

Part III Grants and Other

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ROADS SCHOLAR GRANT - THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO POST-COLLEGIATE DISTANCE RUNNERS WHO SHOW POTENTIAL FOR NATIONAL AND INTERNATIONAL RANKING.	ω	20,000	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: THE ORGANIZATION REQUIRES WRITTEN MID-YEAR AN	de the information	or REQUIRE	line 2, and any other S. WRITTEN	formation required in Part I, line 2, and any other additional information  ZATION REQUIRES WRITTEN MID-YEAR AND	
END OF YEAR REPORTS FROM THE GRANTEE.	ree.				

Schedule I (Form 990) (2010)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

032211 01-24-11 ROAD RUNNERS CLUB OF AMERICA

Employer identification number 23-7283854

ROAD ROWNERS CHOD OF AMERICA 23 7203034
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE COACHING CERTIFICATION PROGRAM HAS EXISTED FOR YEARS; HOWEVER THIS
IS THE FIRST YEAR THAT THE PROGRAM IS SPECIFICALLY DISCLOSED IN PART
III OF THE 990.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ROADS SCHOLAR GRANTS - THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO
POST-COLLEGIATE DISTANCE RUNNERS WHO SHOW POTENTIAL FOR NATIONAL AND
INTERNATIONAL RANKING.
EXPENSES \$ 29,511. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 34,128.
THE KIDS RUN THE NATION PROGRAM IS A MULTI-WEEK, GENDER NEUTRAL, YOUTH
RUNNING PROGRAM DESIGNED FOR CHILDREN IN GRADES KINDERGARTEN THROUGH
SIXTH GRADE. THE RRCA'S VISION IS TO SEE A LOCALLY MANAGED, YOUTH
RUNNING PROGRAM IN EVERY GRADE SCHOOL IN AMERICA.
EXPENSES \$ 60,362. INCLUDING GRANTS OF \$ 15,400. REVENUE \$ 14,873.
CHAMPIONSHIP EVENTS AND STATE PROGRAMS - THE PURPOSE OF THE RRCA
CHAMPIONSHIP EVENTS IS TO PROMOTE RUNNING AS A COMPETITIVE SPORT AT THE
STATE, REGIONAL & NATIONAL LEVEL. LOCALLY MANAGED EVENTS ARE
DESIGNATED AS RRCA CHAMPIONSHIP EVENTS BY ORGANIZATION. WE SUPPORT
THESE EVENTS BY PROVIDING AWARDS AND WE CIRCULATE AND MAINTAIN RESULTS.
THE STATE REP PROGRAM PROMOTES THE ORGANIZATION AT THE STATE LEVEL.
ONE VOLUNTEER IN EACH STATE IS APPOINTED BY THE RRCA PRESIDENT TO SERVE
AS THE ORGANIZATION'S AMBASSADOR IN THE STATE. THE STATE REP HELPS  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization  ROAD RUNNERS CLUB OF AMERICA	Employer identification number 23-7283854
PROMOTE THE ORGANIZATION, DESIGNATE STATE CHAMPIONSHIP EV	ENTS, GIVE
AWARDS AT THE STATE LEVEL, AND IMPLEMENT PROGRAMS OR SERV	ICES OFFERED
BY THE NATIONAL ORGANIZATION.	
EXPENSES \$ 93,213. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS BASED.	MEMBERSHIP
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE DIRECTORS.	BOARD OF
FORM 990, PART VI, SECTION A, LINE 7B: CHANGES TO BYLAWS : BY THE MEMBERS.	MUST BE APPROVED
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTED TREASURER REVIEW THE 990.	CTOR AND
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND	STAFF ARE
REQUIRED TO ANNUALLY SUBMIT ANY POTENTIAL CONFLICTS. MEMB	
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIR	ECTOR (ED) DRAFTS
ANNUAL PERFORMANCE OBJECTIVES AND SUBMITS A WRITTEN SELF-	EVALUATION TO THE
BOARD. THE PRESIDENT APPOINTS A COMMITTEE FROM THE BOARD	TO CONDUCT THE
ED'S REVIEW. THE COMMITTEE SUBMITS A WRITTEN EVALUATION TO	O THE BOARD, WHICH
THEN FINALIZES COMPENSATION. THE ED IS PRESENTED WITH THE	REVIEW AND A
LETTER OF COMPENSATION. THE BOARD CONTEMPORANEOUSLY SUBST	ANTIATES THE
DELIBERATION AND DECISION. A STUDY INVOLVING COMPARABLE D. 032212 01:24-11 Sched	ATA IS NOT ule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization  ROAD RUNNERS CLUB OF AMERICA	Employer identification number 23-7283854
CONSIDERED NECESSARY.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAIL	ABLE ON ITS
WEBSITE. THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQU	EST BY SENDING A
SELF-ADDRESSED STAMPED ENVELOPE TO THE NATIONAL OFFICE.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	46,581.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED IN THE CURRENT YEAR. THE ORGA	NIZATION'S
FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUN	TANT. THE
ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSI	BILITY FOR THE
OVERSIGHT OF THE AUDIT.	

Form **8868**(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

n COPY 5:1709

File a separate application for each return.

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box	. 1	<b>■</b> X	
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).		
Do not co	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Form 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6 months for a cor	poration	
required t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 8868 to request an	extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers Associated With C	ertain	
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	ne electronic filing of this	form,	
	urs gov/efile and click on e-file for Chanties & Nonprofits					
Part I	Automatic 3-Month Extension of Time					
•	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete	_	
Part I only	•					
	orporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to request an	extension of time		
Type or	Name of exempt organization			Employer identification	n number	
print DOAD DYDDIDDG GLUD OF AMEDICA 22 7292954						
File by the ROAD RUNNERS CLUB OF AMERICA 23-7283854						
Number, street, and room or suite no. If a P.O. box, see instructions filing your return See 1501 LEE HIGHWAY, NO. 140						
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ARLINGTON, VA 22209						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)		0 1	
Application	on	Return	Application		Return	
ls For		Code	Is For		Code	
Form 990		01	Form 990-T (corporation)	<del></del>	07	
Form 990	BL	02	Form 1041-A		08	
Form 990	·EZ	03	Form 4720		09	
Form 990		04	Form 5227		10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990	T (trust other than above)	06	Form 8870		12	
	ROAD RUNNERS CI					
	poks are in the care of $\triangleright$ 1501 LEE HIGHWA	AI, S	<u>UITE 140 - ARLINGTON</u> FAX No. ▶	, VA 22203		
-	one No. $ ightharpoonup 703 - 525 - 3890$ organization does not have an office or place of business	o in the Lir				
	s for a Group Return, enter the organization's four digit			s is for the whole aroun	check this	
box ▶ [	. If it is for part of the group, check this box	1	ach a list with the names and EINs of all	= -		
	quest an automatic 3-month (6 months for a corporation					
			tion return for the organization named a			
ıs fo	or the organization's return for:	ŭ	·			
<b>▶</b> 1	x calendar year 2010 or		ad anding			
	tax year beginning	, an	a anding	·		
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al return		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

nonrefundable credits. See instructions.

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,

estimated tax payments made. Include any prior year overpayment allowed as a credit.

by using EFTPS (Electronic Federal Tax Payment System) See instructions

Form 8868 (Rev. 1-2011)

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