

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING

..... March 31, 2013 .....

<b>Prepared for</b>	New York Road Runners Inc. c/o Finance Department 156 West 56th Street New York, NY 10019-3800
<b>Prepared by</b>	O'Connor Davies, LLP 665 Fifth Avenue New York, NY 10022
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

Form **990**

**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

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning APR 1, 2012 and ending MAR 31, 2013**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NEW YORK ROAD RUNNERS INC. C/O FINANCE DEPARTMENT Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 156 WEST 56TH STREET City, town, or post office, state, and ZIP code NEW YORK, NY 10019-3800 <b>F Name and address of principal officer:</b> MARY WITTENBERG SAME AS C ABOVE	<b>D Employer identification number</b> 13-2949483 <b>E Telephone number</b> 646-758-9656 <b>G Gross receipts \$</b> 68,843,888. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.NYRR.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1979 <b>M State of legal domicile:</b> NY

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION IS A NEW YORK NOT-FOR-PROFIT CORPORATION, DEDICATED TO PROMOTING RUNNING, WALKING,</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 25 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 24 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) ..... <b>5</b> 669 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 8000 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 84,974. b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> -12,646.	
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		Prior Year	Current Year
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	19,835,592.	14,994,130.
	9 Program service revenue (Part VIII, line 2g) .....	36,687,721.	24,185,811.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	519,323.	942,957.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,856,843.	15,051,713.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	58,899,479.	55,174,611.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	381,187.	1,897,683.
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	15,224,743.	17,913,117.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	24,045.	20,944.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>771,741.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	43,295,384.	39,995,940.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	58,925,359.	59,827,684.
	19 Revenue less expenses. Subtract line 18 from line 12 .....	-25,880.	-4,653,073.
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) .....	39,710,279.	43,440,732.
	21 Total liabilities (Part X, line 26) .....	21,887,086.	29,626,236.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	17,823,193.	13,814,496.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer LINDA FRANKEN, VICE PRESIDENT OF FINANCE Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name GARRETT M. HIGGINS Preparer's signature GARRETT M. HIGGINS Date 02/10/14 Check <input type="checkbox"/> if self-employed PTIN P00543209 Firm's name ▶ O'CONNOR DAVIES, LLP Firm's EIN ▶ 27-1728945 Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022 Phone no. (212) 286-2600	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: NEW YORK ROAD RUNNERS IS DEDICATED TO PROMOTING THE SPORT OF DISTANCE RUNNING, ENHANCING HEALTH AND FITNESS FOR ALL, AND RESPONDING TO COMMUNITY NEEDS. OUR ROAD RACES AND OTHER FITNESS PROGRAMS DRAW UPWARDS OF 360,000 RUNNERS ANNUALLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 23,658,749. including grants of \$ 1,248,613. ) (Revenue \$ 13,775,489. ) MARATHON, GENERAL/OTHER:

IN FISCAL YEAR 2013, NEW YORK ROAD RUNNERS (NYRR) HAD OVER 123,000 PERSONS APPLY TO RUN IN THE ING NYC MARATHON. ON OCTOBER 29, 2012, THE NORTHEAST PORTION OF THE UNITED STATES, INCLUDING NEW YORK, WAS IMPACTED BY HURRICANE SANDY. DUE TO THE EFFECTS AND HUMANITARIAN IMPACTS OF HURRICANE SANDY, THE NYC MARATHON, WHICH WAS SCHEDULED FOR NOVEMBER 4TH, 2012, WAS CANCELLED.

4b (Code: ) (Expenses \$ 13,806,658. including grants of \$ 575,145. ) (Revenue \$ 6,843,863. ) OTHER RACES AND PROGRAMS, GENERAL/OTHER:

IN FISCAL YEAR 2013, NEW YORK ROAD RUNNERS (NYRR) HAD OVER 330,000 PERSONS SIGN UP TO PARTICIPATE IN 69 WEEKLY EVENTS, INCLUDING KIDS' RACES AND SENIOR WALKS. WEEKLY RACES AND OTHER RUNNING AND WALKING EVENTS PROVIDE OPPORTUNITIES FOR PERSONS OF ALL AGES AND ABILITIES, INCLUDING CHILDREN, SENIORS AND DISABLED INDIVIDUALS, TO PARTICIPATE IN REGULAR EXERCISE ACTIVITIES, THEREBY PROMOTING AN ACTIVE AND HEALTHY LIFESTYLE.

4c (Code: ) (Expenses \$ 8,854,791. including grants of \$ 73,925. ) (Revenue \$ 2,685,044. ) YOUTH SERVICES, GENERAL/OTHER:

THE YOUTH AND COMMUNITY SERVICES DIVISION BRINGS FREE RUNNING PROGRAMS AND WELLNESS EVENTS TO SCHOOLS AND NEIGHBORHOODS, FOSTERING PHYSICAL FITNESS, CHARACTER DEVELOPMENT, AND PERSONAL ACHIEVEMENT IN CHILDREN ON UP TO SENIORS. OUR YOUTH PROGRAMS SERVE MORE THAN 200,000 CHILDREN IN HUNDREDS OF UNDERSERVED SCHOOLS AND COMMUNITY CENTERS ACROSS THE COUNTRY AND BEYOND. NYRR SUPPORTED 419 COMMUNITY-BASED FITNESS EVENTS REACHING MORE THAN 71,000 PARTICIPANTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,137,038. including grants of \$ ) (Revenue \$ 897,067.)

4e Total program service expenses 51,457,236.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 320		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 669		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	25		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ, NY, CT, CA, MA, PA, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LINDA FRANKEN - VP, FINANCE - 646-758-9656**  
**156 WEST 56TH STREET, NEW YORK, NY 10019-3800**

**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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE HIRSCH CHAIRMAN/BOARD MEMBER	3.00	X		X				0.	0.	0.
(2) NORMAN GOLUSKIN BOARD MEMBER	2.00	X						0.	0.	0.
(3) MICHAEL FRANKFURT SECRETARY/BOARD MEMBER	2.00	X		X				0.	0.	0.
(4) THOMAS LABRECQUE, JR. BOARD MEMBER	2.00	X						0.	0.	0.
(5) CLAUDIA MALLEY BOARD MEMBER	1.00	X						0.	0.	0.
(6) BRYANT MCBRIDE BOARD MEMBER	1.00	X						0.	0.	0.
(7) MARTIN OPPENHEIMER BOARD MEMBER	2.00	X						0.	0.	0.
(8) DR. NOBERT SANDER BOARD MEMBER	1.00	X						0.	0.	0.
(9) ERIC A. SEIFF BOARD MEMBER	1.00	X						0.	0.	0.
(10) TOBY TANSER BOARD MEMBER	1.00	X						0.	0.	0.
(11) ALLAN STEINFELD BOARD MEMBER	1.00	X						0.	0.	0.
(12) STEVE ROTH BOARD MEMBER	2.00	X						0.	0.	0.
(13) ANNE BEANE RUDMAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) MARY WITTENBERG PRESIDENT/BOARD MEMBER	50.00	X		X			516,620.	0.	52,852.	
(15) RICHARD BYRNE BOARD MEMBER	1.00	X						0.	0.	0.
(16) RAUL DAMAS BOARD MEMBER	1.00	X						0.	0.	0.
(17) DAVID DITTMANN BOARD MEMBER THRU JULY 2012	1.00	X						0.	0.	0.



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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DOUG FELTMAN BOARD MEMBER	2.00	X						0.	0.	0.
(19) MICHAEL GROSS BOARD MEMBER	1.00	X						0.	0.	0.
(20) ADAM MANUS BOARD MEMBER	1.00	X						0.	0.	0.
(21) JAMES MILNE BOARD MEMBER	1.00	X						0.	0.	0.
(22) STEVE PAMON BOARD MEMBER	1.00	X						0.	0.	0.
(23) LUCIA RODRIGUEZ BOARD MEMBER THRU JULY 2012	1.00	X						0.	0.	0.
(24) NINA BRODY BOARD MEMBER	1.00	X						0.	0.	0.
(25) JOHN LEGERE BOARD MEMBER	1.00	X						0.	0.	0.
(26) JUANNE HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								516,620.	0.	52,852.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,873,415.	0.	94,899.
<b>d Total (add lines 1b and 1c)</b>								2,390,035.	0.	147,751.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CITY OF NEW YORK DEPARTMENT OF FINANCE, 55 WATER STREET, 9TH FLOOR, NEW YORK, NY	NYPD FEES	2,411,169.
TRANS WORLD INTERNATIONAL INC., IMG CENTER 1360 EAST 9TH STREET, CLEVELAND, OH 44114	BROADCAST NYC MARATHON	1,741,187.
M.C. CREATIONS INC. 83 HOBART STREET, HACKENSACK, NJ 07601	T-SHIRTS FOR WEEKLY EVENTS & ING NYCM	1,574,428.
ICREON TECH, 433 5TH AVENUE, 4TH FLOOR, NEW YORK, NY 10016	INFORMATION TECHNOLOGY	1,405,979.
PRESIDIO NETWORKED SOLUTIONS, 1 PENNSYLVANIA PLAZA #1924, NEW YORK, NY	INFORMATION TECHNOLOGY	895,807.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **86**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GRANT BEHRMAN BOARD MEMBER	1.00	X						0.	0.	0.
(28) ANNE WELLS CRANDALL VP/MARKETING THRU DEC. 2012	40.00			X				362,457.	0.	8,305.
(29) PETER CIACCIA VICE PRESIDENT/EVENTS	40.00			X				317,308.	0.	15,000.
(30) ROBERT L. LAUFER VICE PRESIDENT/LEGAL	40.00			X				205,233.	0.	16,262.
(31) CLIFF SPERBER VICE PRESIDENT/YOUTH SERVICES	40.00			X				184,924.	0.	11,086.
(32) LINDA FRANKEN VP OF FINANCE	40.00			X				221,788.	0.	13,003.
(33) DAMEN CHAN IT DIRECTOR	40.00					X		121,741.	0.	6,473.
(34) RICHARD FINN DIRECTOR OF MEDIA RELATIONS	40.00					X		120,042.	0.	6,690.
(35) GORDON BAKOULIS DIRECTOR OF EDITORIAL	40.00					X		111,338.	0.	6,314.
(36) MICHAEL TRAVERSO DIRECTOR OF BUDGETING & REPORTING	40.00					X		108,423.	0.	375.
(37) JAMES HEIM DIRECTOR OF EVENT DEVELOPMENT	40.00					X		120,161.	0.	11,391.
<b>Total to Part VII, Section A, line 1c</b>								<b>1,873,415.</b>		<b>94,899.</b>

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**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	78,300.			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	565,587.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,350,243.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,808,915.			
	<b>h Total.</b> Add lines 1a-1f		14,994,130.			
	Program Service Revenue		Business Code			
<b>2 a</b> EVENT ENTRY REVENUE		900099	19,905,680.	19,905,680.		
<b>b</b> MEMBERSHIP DUES		900099	1,852,554.	1,852,554.		
<b>c</b> MARATHON AUXILIARY REV		900099	1,531,019.	1,531,019.		
<b>d</b> CLASSES REVENUE		900099	485,032.	485,032.		
<b>e</b> MAGAZINE REVENUE		841800	339,578.	339,578.		
<b>f</b> All other program service revenue		900099	71,948.	71,948.		
<b>g Total.</b> Add lines 2a-2f			24,185,811.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		611,534.		611,534.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses		12,362,096.		
		<b>c</b> Gain or (loss)		331,423.		
	<b>d</b> Net gain or (loss)		331,423.		331,423.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 78,300. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		59,096.		
		<b>b</b> Less: direct expenses		23,035.		
<b>c</b> Net income or (loss) from fundraising events			36,061.		36,061.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		1,214,824.			
	<b>b</b> Less: cost of goods sold		1,284,146.			
	<b>c</b> Net income or (loss) from sales of inventory		-69,322.	-69,322.		
Miscellaneous Revenue		Business Code				
<b>11 a</b> INSURANCE PROCEEDS	900099	15,000,000.		15,000,000.		
<b>b</b> ADVERTISING INCOME	541800	84,974.	84,974.			
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		15,084,974.				
<b>12 Total revenue.</b> See instructions.		55,174,611.	24,116,489.	84,974.	15,979,018.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,803,863.	1,803,863.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	86,320.	86,320.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	7,500.	7,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,910,871.	630,587.	1,280,284.	
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	12,953,459.	11,658,113.	1,295,346.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	444,943.	400,449.	44,494.	
9 Other employee benefits	1,380,773.	1,242,696.	138,077.	
10 Payroll taxes	1,223,071.	1,100,764.	122,307.	
11 Fees for services (non-employees):				
a Management	560,024.		560,024.	
b Legal	226,291.		226,291.	
c Accounting	212,496.		212,496.	
d Lobbying	48,300.			48,300.
e Professional fundraising services. See Part IV, line 17	20,944.			20,944.
f Investment management fees	155,224.		155,224.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	960,456.		960,456.	
12 Advertising and promotion	430,021.	387,019.	43,002.	
13 Office expenses	2,340,255.	1,521,167.	819,088.	
14 Information technology	2,911,365.	2,329,092.	582,273.	
15 Royalties				
16 Occupancy	1,971,510.	985,755.	985,755.	
17 Travel	335,729.	268,583.	67,146.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,610.	19,610.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,307,377.	1,307,377.		
23 Insurance	619,508.	526,582.	92,926.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>ING NYC MARATHON</b>	17,684,512.	17,684,512.		
b <b>WEEKLY EVENTS</b>	8,754,983.	8,754,983.		
c <b>YOUTH SERVICES</b>	1,458,279.	742,264.	13,518.	702,497.
d _____				
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	59,827,684.	51,457,236.	7,598,707.	771,741.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing .....	4,265,557.	1	2,355,659.	
	2	Savings and temporary cash investments .....	1,245,733.	2	1,083,690.	
	3	Pledges and grants receivable, net .....		3		
	4	Accounts receivable, net .....	1,918,131.	4	4,731,828.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....	259,006.	8	191,135.	
	9	Prepaid expenses and deferred charges .....	922,447.	9	1,019,554.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 11,898,108.			
	b	Less: accumulated depreciation .....	10b 6,592,591.	10c	5,305,517.	
	11	Investments - publicly traded securities .....	24,958,154.	11	26,705,374.	
	12	Investments - other securities. See Part IV, line 11 .....	2,170,005.	12	2,047,975.	
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	39,710,279.	16	43,440,732.		
Liabilities	17	Accounts payable and accrued expenses .....	4,664,156.	17	11,932,872.	
	18	Grants payable .....		18		
	19	Deferred revenue .....	17,222,930.	19	15,293,364.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....		23	2,400,000.	
	24	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	21,887,086.	26	29,626,236.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets .....	17,319,764.	27	13,598,401.	
	28	Temporarily restricted net assets .....	503,429.	28	216,095.	
	29	Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	<b>Total net assets or fund balances</b> .....	17,823,193.	33	13,814,496.		
34	<b>Total liabilities and net assets/fund balances</b> .....	39,710,279.	34	43,440,732.		

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,174,611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,827,684.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,653,073.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,823,193.
5	Net unrealized gains (losses) on investments	5	644,376.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,814,496.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2012**

Open to Public Inspection

Name of the organization **NEW YORK ROAD RUNNERS INC.**  
**C/O FINANCE DEPARTMENT**

Employer identification number  
**13-2949483**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13,965,571.	16,225,583.	16,416,685.	19,835,592.	14,994,130.	81,437,561.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13,965,571.	16,225,583.	16,416,685.	19,835,592.	14,994,130.	81,437,561.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						14,880,812.
<b>6 Public support.</b> Subtract line 5 from line 4.						66,556,749.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	13,965,571.	16,225,583.	16,416,685.	19,835,592.	14,994,130.	81,437,561.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	-736,147.	405,698.	473,072.	703,010.	611,534.	1,457,167.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	50,939.	193,810.	696,623.	0.	0.	941,372.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....					15,000,000.	15,000,000.
<b>11 Total support.</b> Add lines 7 through 10						98,836,100.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b> 161,841,120.	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	67.34 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	77.32 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE PROCEEDS

2012 AMOUNT: \$ 15,000,000.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

<b>Name of the organization</b> NEW YORK ROAD RUNNERS INC. C/O FINANCE DEPARTMENT	<b>Employer identification number</b> 13-2949483
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization NEW YORK ROAD RUNNERS INC. C/O FINANCE DEPARTMENT	Employer identification number 13-2949483
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,747,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 302,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 494,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 370,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 570,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 461,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NEW YORK ROAD RUNNERS INC.</b> <b>C/O FINANCE DEPARTMENT</b>	Employer identification number 13-2949483
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 1,125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____ _____ _____	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____ _____ _____	\$ 715,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____ _____ _____	\$ 560,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NEW YORK ROAD RUNNERS INC. C/O FINANCE DEPARTMENT	Employer identification number 13-2949483
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	CLOTHING AND SHOES	\$ 962,823.	09/30/12
2	DONATED HATS	\$ 7,975.	09/30/12
3	DONATED BEVERAGES	\$ 443,476.	09/30/12
4	DONATED CARS	\$ 45,594.	09/30/12
5	WATER	\$ 282,718.	09/30/12
6	PERFORMANCE BARS	\$ 356,400.	09/30/12

<b>Name of organization</b> NEW YORK ROAD RUNNERS INC. C/O FINANCE DEPARTMENT	<b>Employer identification number</b> 13-2949483
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>NEW YORK ROAD RUNNERS INC. C/O FINANCE DEPARTMENT</b>	Employer identification number <b>13-2949483</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		48,300.
<b>j</b> Total. Add lines 1c through 1i .....			48,300.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

KATHERINE DEFOYD LLC LOBBIED NEW YORK CITY COUNCIL MEMBERS AND NEW YORK STATE LEGISLATORS ON NYRR'S BEHALF SEEKING FUNDS TO SUPPORT NYRR'S YOUTH SERVICES PROGRAMS AND SUPPORTING LEGISLATION PERMITTING OUT-OF-STATE MEDICAL PROVIDERS TO VOLUNTEER AS PART OF THE MEDICAL TEAM AT THE 2012 ING NEW YORK CITY MARATHON. THE LLC'S ACTIVITIES INCLUDED

**Part IV** Supplemental Information *(continued)*

MAKING TELEPHONE CALLS AND SENDING EMAILS TO, AND SCHEDULING MEETINGS  
WITH, SUCH OFFICIALS AND MEMBERS OF THEIR STAFF, ATTENDING MEETINGS,  
AND HAVING FOLLOW-UP COMMUNICATIONS WITH OFFICIALS AND STAFF AFTER THE  
MEETINGS.

Multiple horizontal lines for supplemental information.

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **NEW YORK ROAD RUNNERS INC.**  
**C/O FINANCE DEPARTMENT**

Employer identification number  
**13-2949483**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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 impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  Yes  No
- (ii) related organizations  Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,624,748.	1,586,548.	38,200.
c Leasehold improvements		764,793.	299,144.	465,649.
d Equipment		9,170,817.	4,699,842.	4,470,975.
e Other		337,750.	7,057.	330,693.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,305,517.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and rows 2-11 are blank.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	57,869,881.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	644,376.
b	Donated services and use of facilities	2b	1,657,517.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,307,181.
e	Add lines 2a through 2d	2e	3,609,074.
3	Subtract line 2e from line 1	3	54,260,807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	155,224.
b	Other (Describe in Part XIII.)	4b	758,580.
c	Add lines 4a and 4b	4c	913,804.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	55,174,611.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	61,878,578.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,657,517.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,307,181.
e	Add lines 2a through 2d	2e	2,964,698.
3	Subtract line 2e from line 1	3	58,913,880.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	155,224.
b	Other (Describe in Part XIII.)	4b	758,580.
c	Add lines 4a and 4b	4c	913,804.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	59,827,684.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: MANAGEMENT RECOGNIZES THE EFFECT OF INCOME TAX**

POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT NYRR HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. NYRR IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE JURISDICTIONS FOR PERIODS PRIOR TO MARCH 31, 2009.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 1,284,146.

SPECIAL EVENTS DIRECT EXPENSES REPORTED ON PART VIII, LINE

8C 23,035.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,307,181.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MEMBERSHIP DUES EXPENSES NETTED AGAINST REVENUE 132,515.

EVENT ENTRY FEES NETTED AGAINST REVENUE 626,065.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 758,580.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 1,284,146.

SPECIAL EVENTS DIRECT EXPENSES REPORTED ON PART VIII, LINE

8C 23,035.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,307,181.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MEMBERSHIP DUES EXPENSES NETTED AGAINST REVENUE 132,515.

EVENT ENTRY FEES NETTED AGAINST REVENUE 626,065.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 758,580.





**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA,	GENERAL OPERATING SUPPORT TO SPORT FOR SUCCESS PROGRAM IN ADDIS ADDABA; PROVIDE	7,500.	CHECK	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

**3** Enter total number of other organizations or entities .....

SEE PART V FOR COLUMN (D) DESCRIPTIONS

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: NYRR REQUIRES GRANTEES TO SUBMIT PERIODIC REPORTS ON ITS PROGRAM PARTICIPANTS, AND DEVELOPMENTS. A CONSULTATION IS MADE WITH NYRR IN REGARD TO PROPOSED CHANGES IN PROGRAMS, AND PRIOR APPROVAL NEEDS TO BE OBTAINED FOR CERTAIN CHANGES.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA - ANGOLA,

(D) PURPOSE OF GRANT: GENERAL OPERATING SUPPORT TO SPORT FOR SUCCESS PROGRAM IN ADDIS ADDABA; PROVIDE PROGRAMMATIC ADVISORY SERVICES AND RESOURCES AS NEEDED.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Open To Public  
Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **NEW YORK ROAD RUNNERS INC.  
C/O FINANCE DEPARTMENT** Employer identification number **13-2949483**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SB CONSULTING INC. - 112 WILLOW STREET, SUITE 3A,	ADVICE ON METHODS TO RAISE FUNDS FROM INDIVIDUALS		X	0.	20,944.	-20,944.
<b>Total</b>					20,944.	-20,944.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
NJ, NY, CT, MA, CA, PA, IL, TX

NEW YORK ROAD RUNNERS INC.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FALL GALA (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	137,396.			137,396.
	2	Less: Contributions	78,300.			78,300.
	3	Gross income (line 1 minus line 2)	59,096.			59,096.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	9,095.			9,095.
	8	Entertainment	1,060.			1,060.
	9	Other direct expenses	12,880.			12,880.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 23,035 )
	11	Net income summary. Combine line 3, column (d), and line 10				36,061.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

NEW YORK ROAD RUNNERS INC.

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SB CONSULTING INC.

(I) ADDRESS OF FUNDRAISER: 112 WILLOW STREET, SUITE 3A, BROOKLYN, NY 11201



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **NEW YORK ROAD RUNNERS INC.  
C/O FINANCE DEPARTMENT** Employer identification number **13-2949483**

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BACK ON MY FEET 100 SOUTH BROAD STREET PHILADELPHIA, PA 19110	26-2109809	501(C)3	5,400.	0.			TABLE AT BACK ON MY FEET BIRTHDAY BASH
WOMEN IN SPORTS AND EVENTS 244 FIFTH AVENUE, SUITE 2087 NEW YORK, NY 10001	13-4119533	501(C)6	8,000.	0.			TABLE AT 2012 WOMEN IN SPORTS AND ENTERTAINMENT LUNCHEON
HAA COMMUNITY FUND 229 WEST 135TH STREET NEW YORK, NY 10030	47-0873119	501(C)3	5,000.	0.			SPONSORSHIP PACKAGE FOR HARLEM ARTS ALLIANCE
MARCH OF DIMES 515 MADISON AVENUE NEW YORK, NY 10022	13-1846366	501(C)3	11,500.	0.			TABLE AT THE 29TH ANNUAL MARCH OF DIMES LUNCHEON
FRIENDS OF VAN CORTLANDT PARK 80 VAN CORTLANDT PARK SO. SUITE 1 BRONX, NY 10463	13-3843182	501(C)3	8,000.	0.			SPONSORSHIP FOR 100TH ANNIVERSARY OF THE CROSS COUNTRY COURSE 5K RUN
NATIONAL SCHOLASTIC SPORTS FOUNDATION, INC. - 111 MIMOSA DR - CHAPEL HILL, NC 27514	56-1734970	501(C)3	7,600.	0.			SPONSORSHIP OF 8 RACES AT NEW BALANCE HIGH SCHOOL INDOOR NATIONAL TRACK & FIELD MEET

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2012)

## NEW YORK ROAD RUNNERS INC.

Schedule I (Form 990)

C/O FINANCE DEPARTMENT

13-2949483

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ NY TRACK CLUB 358 PARK AVENUE RYE, NY 10580	27-4812118	501(C)3	60,000.	0.			2013 CHAMPION'S CIRCLE DONATION
TEAM USA ARIZONA PO BOX 23711 FLAGSTAFF, AZ 86002	27-1743534	501(C)3	40,000.	0.			2013 CHAMPION'S CIRCLE DONATION
TEAM USA MINNESOTA 4417 MORNINGSIDE ROAD MINNEAPOLIS, MN 55416	41-1994677	501(C)3	35,000.	0.			2013 CHAMPION'S CIRCLE DONATION
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE SUITE 300 AUSTIN, TX 78751	74-1934031	501(C)3	10,000.	0.			2013 CHAMPION'S CIRCLE DONATION
MAMMOTH TRACK CLUB PO BOX 3778 MAMMOTH LAKES, CA 93546	20-2746882	501(C)3	35,000.	0.			2013 CHAMPION'S CIRCLE DONATION
RANDALL'S ISLAND PARK ALLIANCE 24 W 61ST STREET NEW YORK, NY 10023	13-3787630	501(C)3	5,000.	0.			CONTRIBUTION TO FIELDING DREAM NYC GALA
BAY AREA TRACK CLUB PO BOX 2037 SONOMA, CA 95476	94-2524840	501(C)3	20,000.	0.			2013 CHAMPION'S CIRCLE DONATION
AMERICAN DISTANCE PROJECT 3427 W. FONTANERO STREET COLORADO SPRINGS, CO 80904	27-2166390		10,000.	0.			2013 CHAMPION'S CIRCLE DONATION
ZAP FITNESS PO BOX 192 BLOWING ROCK, NC 28605	56-2275993	501(C)3	16,000.	0.			2013 CHAMPION'S CIRCLE DONATION

Schedule I (Form 990)

NEW YORK ROAD RUNNERS INC.

Schedule I (Form 990)

C/O FINANCE DEPARTMENT

13-2949483

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MAYOR'S FUND TO ADVANCE 1 CENTER STREET NEW YORK, NY 10007	13-3783906	501(C)3	1,000,000.	0.			HURRICANE SANDY RELIEF EFFORTS

**Part III** **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.

(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
DISASTER RELIEF - HURRICANE SANDY EFFORTS	8100	81,320.	0.		
SCHOLARSHIP	1	5,000.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: NYRR YOUTH PROGRAMS REQUIRES A POST-GRANT STATUS REPORT DUE WITHIN 6 MONTHS OF THE GRANT AWARD PAYMENT FOR ALL GRANTS MORE THAN \$1,500. THE REPORT INCLUDES A DESCRIPTION OF THE GRANTEE'S ACTIVITIES DURING THE PAST SIX MONTHS AND HOW THE FUNDS WERE SPENT. IN ADDITION, NYRR SUPPORTS VARIOUS RUNNING, TRACK AND FIELD ORGANIZATION IN THE US. FOR GRANTS LESS THAN \$1,500, GRANTEE ORGANIZATIONS ARE REQUIRED TO SUBMIT A BRIEF DESCRIPTION TO NYRR EXPLAINING WHAT THE FUNDS WERE SPENT ON.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **NEW YORK ROAD RUNNERS INC.  
C/O FINANCE DEPARTMENT**

Employer identification number  
**13-2949483**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY WITTENBERG PRESIDENT/BOARD MEMBER	(i)	361,462.	155,000.	158.	15,000.	37,852.	569,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE WELLS CRANDALL VP/MARKETING THRU DEC. 2012	(i)	237,409.	125,000.	48.	0.	8,305.	370,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER CIACCIA VICE PRESIDENT/EVENTS	(i)	290,308.	27,000.	0.	15,000.	0.	332,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT L. LAUFER VICE PRESIDENT/LEGAL	(i)	195,633.	9,600.	0.	11,887.	4,375.	221,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CLIFF SPERBER VICE PRESIDENT/YOUTH SERVICES	(i)	176,274.	8,650.	0.	10,711.	375.	196,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LINDA FRANKEN VP OF FINANCE	(i)	202,788.	19,000.	0.	12,628.	375.	234,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7: THE FOLLOWING PERSONS LISTED IN FORM 990, PART VII, SECTION A, LINE 1A RECEIVED NON-FIXED PAYMENTS IN THE FORM OF BONUSES AS SET FORTH BELOW. IN ALL CASES (OTHER THAN THAT OF MARY WITTENBERG PRESIDENT/CEO), SUCH BONUSES WERE DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD, BASED ON THE RECOMMENDATION OF THE PRESIDENT/CEO, WHO RELIED ON EVALUATIONS OF DEPARTMENT HEADS, PERFORMANCE REPORTS, AND COMPARABILITY DATA PROVIDED BY THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT, AND THE DECISIONS OF THE HR/COMPENSATION COMMITTEE, WHICH ALSO CONSIDERED THE ORGANIZATION'S FINANCIAL RESULTS FOR THE YEAR. THE DETERMINATIONS OF THE HR/COMPENSATION COMMITTEE WERE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL, FOLLOWING DELIBERATIONS WHICH EXCLUDED ANY AFFECTED OFFICER/EMPLOYEE. THE PRESIDENT/CEO BONUS WAS SET AT \$130,000 BY THE TERMS OF AN EMPLOYMENT AGREEMENT (SEE SCHEDULE O STATEMENT RELATING TO FORM 990, PART VI, SECTION B, LINE 15.) THE PRESIDENT WAS ALSO AWARDED AN "ADDITIONAL BONUS" OF \$25,000 (FOR A TOTAL BONUS, SHOWN BELOW), BASED UPON THE BOARD'S DETERMINATION THAT SUCH ADDITIONAL BONUS WAS WARRANTED, PURSUANT TO THE TERMS OF THE EMPLOYMENT AGREEMENT, DUE TO HER "SUPERIOR INDIVIDUAL PERFORMANCE" AND "NYRR'S FISCAL PERFORMANCE."

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MARY WITTENBERG \$155,000

ANN WELLS CRANDALL \$125,000

PETER CIACCIA \$ 27,000

LINDA FRANKEN \$ 19,000

ROBERT L. LAUFER \$ 9,600

CLIFF SPERBER \$ 8,650

DAMEN CHAN \$ 14,000

RICHARD FINN \$ 15,000

GORDON BAKOULIS \$ 14,000

JAMES HEIM \$ 14,000

MICHAEL TRAVERSO \$ 3,500



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open To Public Inspection**

Name of the organization **NEW YORK ROAD RUNNERS INC.**  
**C/O FINANCE DEPARTMENT**  
Employer identification number **13-2949483**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WORLD MARATHON MAJORS, LLC	MARY WITTENBERG SER	100,000.	NYRR IS A M		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: WORLD MARATHON MAJORS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARY WITTENBERG SERVES ON THE BOARD OF WORLD MARATHON MAJORS, LLC

(C) AMOUNT OF TRANSACTION \$ 100,000.

(D) DESCRIPTION OF TRANSACTION: NYRR IS A MEMBER OF WORLD MARATHON MAJOR WHICH SEEK TO RAISE INTEREST IN MARATHONING.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **NEW YORK ROAD RUNNERS INC.  
C/O FINANCE DEPARTMENT** Employer identification number **13-2949483**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		10,315.	FAIR MARKET VALUE
5 Clothing and household goods .....	X		1,121,485.	FAIR MARKET VALUE
6 Cars and other vehicles .....	X	2	65,394.	FAIR MARKET VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	9	1,320,506.	FAIR MARKET VALUE
20 Drugs and medical supplies .....	X	1	9,100.	FAIR MARKET VALUE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( AIRLINE TICKETS )	X	1	150,000.	FAIR MARKET VALUE
26 Other ▶ ( BAGGAGE )	X	1	60,200.	FAIR MARKET VALUE
27 Other ▶ ( AWARDS - TIFFAN )	X	1	47,570.	FAIR MARKET VALUE
28 Other ▶ ( AUCTION ITEMS )	X	22	20,782.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

SNEAKERS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 18

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3563.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTORS IS REPORTED IN COLUMN (B).

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization	NEW YORK ROAD RUNNERS INC. C/O FINANCE DEPARTMENT	Employer identification number	13-2949483
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
AND OTHER PHYSICAL ACTIVITIES FOR THE BENEFIT OF PERSONS OF ALL AGES  
AND ABILITIES, ENHANCING HEALTH AND FITNESS FOR ALL AND RESPONDING TO A  
VARIETY OF COMMUNITY NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
OTHER PROGRAM SERVICES INCLUDES PUBLICATIONS, CLASSES AND  
MERCHANDISING.

EXPENSES \$ 5,137,038. INCLUDING GRANTS OF \$ 0. REVENUE \$ 897,067.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS DRAFTED BY  
INDEPENDENT ACCOUNTANTS BASED ON INFORMATION PROVIDED BY THE ORGANIZATION.  
THE DRAFT FORM 990 IS PROVIDED TO THE ORGANIZATION'S FINANCE AND LEGAL  
DEPARTMENTS FOR REVIEW, AND COMMENTS ARE DISCUSSED WITH THE ACCOUNTANTS  
AND APPROPRIATE REVISIONS ARE MADE TO THE FORM 990. A COPY OF THE FORM 990  
IS PROVIDED TO THE PRESIDENT/CEO FOR REVIEW. AFTER ALL INTERNAL MANAGEMENT  
REVIEWS, THE FORM 990 IS PROVIDED TO MEMBERS OF THE AUDIT COMMITTEE, WHICH  
HAS BEEN DESIGNATED BY THE BOARD OF DIRECTORS WITH THE RESPONSIBILITY FOR  
REVIEWING THE COMPLETED FORM 990 PRIOR TO IT BEING MADE AVAILABLE TO THE  
BOARD OF DIRECTORS. AUDIT COMMITTEE MEMBERS PARTICIPATE IN A MEETING OR  
CONFERENCE CALL WITH REPRESENTATIVES OF THE LEGAL AND FINANCE DEPARTMENTS  
AND THE INDEPENDENT ACCOUNTANTS TO DISCUSS THE CONTENT OF THE FORM 990.  
BEFORE BEING FILED, A COPY OF THE APPROVED FORM 990 IS PROVIDED  
ELECTRONICALLY TO THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS (PRESIDENT AND

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VICE PRESIDENTS) AND MEMBERS OF SENIOR MANAGEMENT (DEPARTMENT HEADS) RECEIVE A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, SIGN A DECLARATION TO ADHERE TO THE POLICY, AND COMPLETE A QUESTIONNAIRE SEEKING DISCLOSURE OF POTENTIAL CONFLICTS. THE POLICY REQUIRES THE FILING OF AMENDED QUESTIONNAIRES IN THE EVENT OF ANY CHANGE IN CIRCUMSTANCES AND, PERIODICALLY, THE ORGANIZATION CIRCULATES TO EACH OF THE ABOVE INDIVIDUALS HIS/HER QUESTIONNAIRE FOR REVIEW AND UPDATING. INITIAL DETERMINATIONS AS TO WHETHER CONFLICTS EXIST AND, IF SO, WHAT ACTIONS SHOULD BE TAKEN, ARE MADE BY GENERAL COUNSEL IN CONSULTATION WITH THE PRESIDENT/CEO, AND IF WARRANTED, REVIEWED BY THE CHAIR OR A DESIGNATED MEMBER OF THE EXECUTIVE COMMITTEE. DEPENDING ON ITS NATURE AND SERIOUSNESS, ANY ACTUAL CONFLICT MIGHT BE REVIEWED BY THE EXECUTIVE COMMITTEE, AND WHERE NECESSARY, DECISIONS AS TO ANY RESULTING ACTIONS TO BE TAKEN MADE BY THE COMMITTEE OR THE BOARD. IN MOST INSTANCES, THE APPROPRIATE ACTIONS IN THE FACE OF POTENTIAL OR ACTUAL CONFLICTS ARE DISCLOSURE OF THE CONFLICT AND REMOVAL OF THE INDIVIDUAL WITH THE CONFLICT FROM THE CONSIDERATION AND DECISION-MAKING PROCESSES WITH REGARD TO CERTAIN MATTERS WHERE HIS OR HER JUDGMENT WOULD OR MIGHT BE COMPROMISED BY THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: (A) COMPENSATION OF THE ORGANIZATION'S CEO WAS DETERMINED PURSUANT TO A FIVE YEAR (APRIL 1, 2010 - MARCH 31, 2015) EMPLOYMENT AGREEMENT NEGOTIATED BY AND BETWEEN THE ORGANIZATION AND THE CEO, EACH REPRESENTED BY SEPARATE INDEPENDENT LEGAL COUNSEL. NEGOTIATIONS ON BEHALF OF THE ORGANIZATION WERE DIRECTED BY THE CHAIR OF THE HR/COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHICH RETAINED THE SERVICES OF AN INDEPENDENT CONSULTANT AND REVIEWED COMPARABILITY DATA. THE AGREEMENT WAS APPROVED BY THE COMMITTEE AND BOARD, IN THE ABSENCE OF THE CEO, AND THE DECISION DOCUMENTED IN THE MINUTES.

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(B) COMPENSATION OF VICE PRESIDENTS, DEPARTMENT HEADS AND DEPARTMENTAL DIRECTORS AND MANAGERS IS DETERMINED BY THE HR/COMPENSATION COMMITTEE, BASED UPON THE RECOMMENDATIONS OF THE CEO, WHO RELIES ON PERFORMANCE REPORTS AND COMPARABILITY DATA PROVIDED TO HER BY THE ORGANIZATION'S HUMAN RESOURCES DIRECTOR. THE RECOMMENDATIONS OF THE HR/COMPENSATION COMMITTEE, WHICH ALSO TAKES INTO CONSIDERATION DATA REGARDING COMPARABLE POSITIONS AT OTHER ORGANIATIONS, ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL, AND ITS DELIBERATIONS AND DECISION ARE CONTEMPORANEOUSLY DOCUMENTED AS PART OF THE MINUTES OF THE PROCEEDINGS. PERSONS WHOSE COMPENSATION IS AT ISSUE ARE NOT INCLUDED IN, OR ARE EXCUSED FROM, MEETINGS AT WHICH SUCH COMPENSATION IN DISCUSSED AND/OR DECIDED. THE FOREGOING PROCESS IS FOLLOWED ANNUALLY AND WAS LAST UNDERTAKEN FOR KEY EMPLOYEES IN MARCH 2012, AND FOR OFFICERS AND OTHER MEMBERS OF SENIOR MANAGEMENT IN JULY 2012.

FORM 990, PART VI, SECTION C, LINE 19: CONSISTENT WITH ITS OBLIGATIONS UNDER STATUTORY LAW, RULES AND REGULATIONS, AS APPLICABLE, THE ORGANIZATION MAKES ITS DOCUMENTS, SUCH AS ITS APPLICATION FOR TAX EXEMPTION, ANNUAL INFORMATION RETURNS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS, AVAILABLE THROUGH PUBLIC FILINGS AND/OR ON WRITTEN REQUEST, EITHER BY PROVIDING COPIES OR MAKING THEM AVAILABLE FOR INSPECTION AT THE OFFICES OF THE ORGANIZATION.

FORM 990, PART XII, LINE 2C:

THE JOINT FINANCE/AUDIT COMMITTEE OF THE BOARD HAS THE FIDUCIARY RESPONSIBILITY FOR HIRING OF THE AUDIT FIRM, THE REVIEW OF THE RISK ISSUES FOR THE ORGANIZATION AND THE FINAL AUDIT REVIEW AND PACKAGE THAT IS ACCEPTED BY THE BOARD. THE COMMITTEE MEETS WITH THE AUDIT FIRM

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**INDEPENDENTLY FROM STAFF DURING THE AUDIT REVIEW PROCESS AND RECOMMENDS  
TO THE BOARD THE ACCEPTANCE OF THE AUDIT AND ITS FINDINGS. THIS PROCESS  
HAS NOT CHANGED FROM THE PRIOR YEAR.**