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DLN: 93493137001220

## 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)

2008

OMB No 1545-0047

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

|  |  |  | ar, or tax year beginning 07-01-2008   |   |   | D Employer iden   | ntification number   |
|--|--|--|--|---|---|---|--|
|  |  | pplicable <b>Please</b>  | C Name of organization GIRLS ON THE RUN INTERNATIONAL  |   |   | D Employer ider   | ittiication number   |
| ✓ Add  | dress ch                                   | nange use IRS<br>label or  | Doing Business As  |   |   | 56-2201835<br>E Telephone nui   |  |
| Nar  | me chai                                    | nge <b>print or</b><br><b>type. See</b>  | Doing business As  |   |   | •   |  |
| Init   | ial retui                                  | rn <b>Specific</b>   | Number and street (or P O box if mail is no  | t delivered to street addres  | s) Room/suite   | (704) 837-0   |  |
| –<br>Ter   | mınatıo                                    | Instruc-<br>tions.   | 120 COTTAGE PLACÈ  |   |   | G Gross receipts  | <b>5</b> \$ 1,533,848  |
| – <sub>Am</sub>  | ended i                                    | return   | City or town, state or country, and ZIP + 4  |   |   |   |  |
|  |  | n pending  | CHARLOTTE, NC 28207  |   |   |   |  |
| , 141  | Sileation                                  |  |  | ı   |   |   |  |
|  |  |  | me and address of Principal Officer<br>nna Clarke  | s a group return 1<br>tes?  | for<br>┌Yes ┌No                                       |   |  |
|  |  | 120 C  | OTTAGE PLACE   | tes   | j res j• No   |   |  |
|  |  | •  | LOTTE,NC 28207   |   | H(b) Are all  | affiliates included   | d?   |
| [ la   | x-exem                                     | npt status 🔽 501(  | :) (3) ◀ (insert no )  | 527   |   |   | See instructions )   |
| ı w  | eb site                                    | e: ► WWW GIRLS   | NTHERUN ORG  |   | H(c) Grou   | p Exemption Nun   | nber 🕨   |
| <b>К</b> Тур   | e of org                                   | ganization 🔽 Corpora   | tion trust association other   |   | L Year of Fo  | rmation 2000 M S  | State of legal domicile NC   |
|  |  |  |  |   |   |   |  |
| Pa   | rt I                                       |  | ne organization's mission or most signif   | cant activities   |   |   |  |
|  |  |  | ne organization's mission or most signif<br>IDEMPOWER GIRLSATAN EARLY AG   |   | VENTTHE   | NISPLAV OF AT   | RISK ACTIVITIES  |
| 2  |  | IN THE FUTURE  | D EMPOWER GIRES AT AN EARLY AC   | IL IN ORDER TO FRE  | V LINT THE L  | 713FLAT OT AT-  | KISK ACTIVITIES  |
|  |  |  |  |   |   |   |  |
| Ī  |  |  |  |   |   |   |  |
| sovemance<br>s   | 2  | Check this box   | if the organization discontinued its ope   | rations or disposed of  | more than 2   | 5% of its assets  |  |
|  | 3  | Number of voting   | members of the governing body (Part V  | I, line 1a)   |   | 3   | 8  |
| a<br>g   |  |  | ndent voting members of the governing  |   |   | 8   |  |
| D  |  |  | mployees (Part V , line 2a)  |   | •   |   | 14   |
| ACHAINES &   |  | Total number of v  | 6  | 250   |   |   |  |
| ŧ  |  | Total gross unrela   |  |   | 0   |   |  |
|  |  |  | ness taxable income from Form 990-T  |   |   |   | 0  |
|  |  |  |  | •   | Pric  | or Year   | Current Year   |
|  | 8  | Contributions ar   | d grants (Part VIII, line 1h)  |   |   | 706,209   | 830,635  |
| 9  | 9  |  | revenue (Part VIII, line 2g)   |   |   | 572,489   | 314,899  |
| Revenue  | 10   | -  | me (Part VIII, column (A), lines 3, 4, a   |   |   | ,   | -917   |
| ř  | 11   |  | Part VIII, column (A), lines 5, 6d, 8c, 9  | •   |   | 173,834   | 310,953  |
|  | 12   | •  | dd lines 8 through 11 (must equal Part   |   | ,   |   |  |
|  |  | 12)  |  |   | 1,452,532   | 1,455,570   |  |
|  | 13   | Grants and simil   | ar amounts paıd (Part IX, column (A), lı   | nes 1-3)  |   | 62,594  | 170,483  |
|  | 14   | Benefits paid to   | or for members (Part IX, column (A), lın   | e 4)  |   |   | 0  |
| ø  | 15   |  | ompensation, employee benefits (Part I   | X, column (A), lines 5  | -   | 400 176   | 505.001  |
| Expenses   |  | 10)  |  |   |   | 489,176   | 595,901  |
| <b>₹</b>   | 16a  |  | draising fees (Part IX, column (A), line :   | .1e)  |   |   | 3,592  |
| ੜ  | b  |  | 5 . 54 . (5) . 5 . 98 574  |   |   |   |  |
| ш  | "  | · -  | penses, Part IX, column (D), line 25 98,574  |   |   |   |  |
| ш  | 17   | · -  | (Part IX, column (A), lines 11a-11d, 1   | )<br>1 f– 2 4 f)  |   | 536,783   | 527,393  |
| ш  |  | Other expenses   |  |   |   | 536,783<br>1,088,553  |  |
|  | 17   | Other expenses Total expenses-   | (Part IX, column (A), lines 11a-11d, 1   |   |   | · ·   | 1,297,369  |
|  | 17<br>18                                   | Other expenses Total expenses-   | (Part IX, column (A), lines 11a-11d, 1<br>-add lines 13-17 (must equal Part IX,  |   | Beginni   | 1,088,553   | 1,297,369  |
|  | 17<br>18                                   | Other expenses Total expenses-   | (Part IX, column (A), lines 11a-11d, 1<br>-add lines 13-17 (must equal Part IX,<br>penses Subtract line 18 from line 12  |   | Beginni   | 1,088,553   | 527,393<br>1,297,369<br>158,201<br>End of Year<br>849,831  |
|  | 17<br>18<br>19                             | Other expenses Total expenses- Revenue less ex   | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12   |   | Beginni   | 1,088,553<br>363,979<br><b>ng of Year</b>   | 1,297,369<br>158,201<br>End of Year  |
|  | 17<br>18<br>19                             | Other expenses Total expenses Revenue less ex Total assets (Pa   | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12   | ine 25, column (A))   | Beginni   | 1,088,553<br>363,979<br><b>ng of Year</b><br>645,124<br>104,549   | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608  |
| Not Assets or<br>Fund Balances   | 17<br>18<br>19<br>20<br>21<br>22           | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line  | ine 25, column (A))   | Beginni   | 1,088,553<br>363,979<br><b>ng of Year</b><br>645,124  | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608  |
| Not Assets or<br>Fund Balances   | 17<br>18<br>19<br>20<br>21                 | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi  | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) and balances Subtract line 21 from line cock  | ine 25, column (A))   |   | 1,088,553<br>363,979<br><b>ng of Year</b><br>645,124<br>104,549<br>540,575  | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223   |
| Not Assets or<br>Fund Balances   | 17<br>18<br>19<br>20<br>21<br>22           | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi Under penalties of p   | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line  | ine 25, column (A))  20  n, including accompanying                                  | schedules and s                                       | 1,088,553 363,979 ng of Year 645,124 104,549 540,575  | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223   |
| Fund Balances  | 17<br>18<br>19<br>20<br>21<br>22<br>rt III | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi  Under penalties of p and belief, it is true,  | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line action.  OCK  erjury, I declare that I have examined this return correct, and complete Declaration of preparer (  | ine 25, column (A))  20  n, including accompanying                                  | schedules and s<br>I on all informat                  | 1,088,553 363,979 ng of Year 645,124 104,549 540,575  | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223   |
| Fund Batances  | 17<br>18<br>19<br>20<br>21<br>22<br>rt II  | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi  Under penalties of p and belief, it is true,  | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line action.  OCK  erjury, I declare that I have examined this return correct, and complete Declaration of preparer (  | ine 25, column (A))  20  n, including accompanying                                  | schedules and s                                       | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the loon of which prepare                          | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223   |
| Fund Batances  | 17<br>18<br>19<br>20<br>21<br>22<br>rt II  | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi Under penalties of p and belief, it is true,  ****** Signature of office Dee Anna Clarke   | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) and balances Subtract line 21 from line ock erjury, I declare that I have examined this return correct, and complete Declaration of preparer (vertical part of the column of the correct of the column of preparer (vertical part of the column of the co | ine 25, column (A))  20  n, including accompanying                                  | schedules and s<br>I on all informat                  | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the loon of which prepare                          | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223   |
| Fund Batances  | 17<br>18<br>19<br>20<br>21<br>22<br>rt II  | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi Under penalties of p and belief, it is true,  ****** Signature of office   | (Part IX, column (A), lines 11a-11d, 1-add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) and balances Subtract line 21 from line ock erjury, I declare that I have examined this return correct, and complete Declaration of preparer (vertical part of the column of the correct of the column of preparer (vertical part of the column of the co | ine 25, column (A))  20  n, including accompanying                                  | schedules and s<br>I on all informat                  | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the loon of which prepare                          | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223   |
| Fund Batances  | 17<br>18<br>19<br>20<br>21<br>22<br>rt II  | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature B  Under penalties of p and belief, it is true,  ****** Signature of office Dee Anna Clarke Type or print nar   | (Part IX, column (A), lines 11a-11d, 1 -add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line  ock ergury, I declare that I have examined this retur correct, and complete Declaration of preparer ( er  VP ne and title   | 20 n, including accompanying other than officer) is based                           | schedules and s<br>I on all informat<br>2010-<br>Date | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the loon of which prepare                          | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223<br>se best of my knowledge<br>r has any knowledge |
| Net Assets or<br>Fund Balances   | 17<br>18<br>19<br>20<br>21<br>22<br>rt II  | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi Under penalties of p and belief, it is true,  ****** Signature of office Dee Anna Clarke Type or print nar   | (Part IX, column (A), lines 11a-11d, 1 -add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line  ock ergury, I declare that I have examined this retur correct, and complete Declaration of preparer ( er  VP ne and title   | ine 25, column (A))  20  n, including accompanying other than officer) is based  te | schedules and s<br>I on all informat<br>2010-<br>Date | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the on of which prepare                            | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223<br>se best of my knowledge<br>r has any knowledge |
| Paid Barance Second Paid B | 17<br>18<br>19<br>20<br>21<br>22<br>rt II  | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature B  Under penalties of p and belief, it is true,  ***** Signature of office Dee Anna Clarke Type or print nar  Preparer's signature Amy  Firm's name (or you                     | (Part IX, column (A), lines 11a-11d, 1 -add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line  ock ergury, I declare that I have examined this retur- correct, and complete Declaration of preparer ( er  VP ne and title  | ine 25, column (A))  20  n, including accompanying other than officer) is based  te | schedules and s I on all informat 2010- Date Theck if | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the ion of which prepare 05-17  Preparer's PTIN (S | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223<br>se best of my knowledge<br>r has any knowledge |
| Section of the sectio | 17<br>18<br>19<br>20<br>21<br>22<br>11 III | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature B  Under penalties of p and belief, it is true,  ****** Signature of offic  Dee Anna Clarke Type or print nar  Preparer's signature Amy  Firm's name (or you if self-employed), | (Part IX, column (A), lines 11a-11d, 1 -add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16) Part X, line 26) nd balances Subtract line 21 from line 2  ock ergury, I declare that I have examined this retur- correct, and complete Declaration of preparer (  er  VP ne and title  Bibby  DIXON HUGHES PLLC   | ine 25, column (A))  20  n, including accompanying other than officer) is based  te | schedules and s I on all informat 2010- Date Theck if | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the on of which prepare                            | 1,297,369<br>158,201<br>End of Year<br>849,831<br>149,608<br>700,223<br>se best of my knowledge<br>r has any knowledge |
| Fareses Pareses Parese | 17<br>18<br>19<br>20<br>21<br>22<br>11 III | Other expenses Total expenses- Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature B  Under penalties of p and belief, it is true,  ***** Signature of office Dee Anna Clarke Type or print nar  Preparer's signature Amy  Firm's name (or you                     | (Part IX, column (A), lines 11a-11d, 1 -add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12  rt X, line 16)  Part X, line 26)  nd balances Subtract line 21 from line and balances Subtract line 21 from line are correct, and complete Declaration of preparer (between the complete Declaration of preparer (between the complete Declaration of Decla | ine 25, column (A))  20  n, including accompanying other than officer) is based  te | schedules and s I on all informat 2010- Date Theck if | 1,088,553 363,979 ng of Year 645,124 104,549 540,575 tatements, and to the ion of which prepare 05-17  Preparer's PTIN (S | 1,297,369 158,201 End of Year 849,831 149,608 700,223 The best of my knowledge in has any knowledge See Gen Inst )     |

#### Part III Statement of Program Service Accomplishments (See the instructions.

| Ċ   | Statement of Program   | Service Accomp  | isimients (See the   | msa acaons.   |  |
|-----|--|---|--|---|--|
| L   | Briefly describe the organization's mission TO EDUCATE AND PREPARE GIRLS FOR A LIFE  | TIME OF CELE DECRECT  | AND HEALTHY LINGS  |   |  |
|     | TO EDUCATE AND PREPARE GIRLS FOR A LIFE  | TIME OF SELF-RESPECT A  | AND REALITY LIVING   |   |  |
|     |  |   |  |   |  |
| 2   | Did the organization undertake any s<br>the prior Form 990 or 990-EZ? .  |   | rvices during the year w   | hich were not listed on   | ┌ Yes ┌ No   |
|     | If "Yes," describe these new services  |   |  |   |  |
| 3   | Did the organization cease conducting services?  |   | changes in how it condi  | ucts any program<br>• • • • • •   | ┌ Yes ┌ No   |
| _   | If "Yes," describe these changes on S  | Schedule O  |  |   |  |
| 1   | Describe the exempt purpose achiev<br>Section 501(c)(3) and (4) organization<br>others, the total expenses, and rever  | ons and 4947(a)(1) t  | rusts are required to rep  | ort the amount of grants a  | •  |
| la  | (Code ) (Expenses s  | 964,809   | ıncludıng grants of \$   | 170,483 ) (Revenue \$   | 625,696 )  |
| ··a | GIRLS ON THE RUN INTERNATIONAL HAS CO<br>A RESOURCE FOR ITS 160 COUNCILS THRO<br>DELIVER THE GIRLS ON THE RUN CURRICU<br>TO ADAPT TO THE EVER CHANGING TIMES,<br>INTO THREE DISTINCT SECTIONS THAT BUI<br>ESTEEM, BULLYING, COMMUNITY SERVICE I<br>AND ARE CONTINUING TO BUILD COUNCILS<br>POLICIES AND PROCEDURES AND RISK MAN<br>INQUIRES PER MONTH TO START A NEW CO<br>A NEW COUNCIL GIRLS IN THE RUN INTER<br>ESTABLISHED GROUP, EITHER AN INDEPENI<br>PROFIT ENTITY) GIRLS ON THE RUN INTER<br>ALL COUNCILS TO UTILIZE FOR PROMOTION<br>PROGRAM CONTINUES TO GROW THROUGH<br>AT APPROXIMATELY 80 SITES EACH SEASON | ONTINUED ITS MISSION OF UGHOUT NORTH AMERICALA THIS CURRICULUM WIS A 12-WEEK, 24 LESSON LD UPON EACH OTHER, SIZE OF THE CONSISTENT AGEMENT DURING ONGOOUNCIL AND ROUGHLY 20 NATIONAL PROVIDES FULLDENT COUNCIL OR AFFILLANT ONAL WORKS AT HEALT IN THEIR CITY PROFESSIOUT THE MECKLENBURG | F EDUCATING AND PREPARINA, GIRLS ON THE RUN INTERNHICH HAS BEEN RECENTLY UIN PROGRAM AND TRAINING PELF, TEAM AND COMMUNITY, AND 2009, GIRLS ON THE RUIF PROGRAMMING THROUGHOUING COUNCIL TRAINING GIRNEW COUNCILS GO THROUGATE ON THE BUSINES. THE COUNCIL (WHERE GIRLS ADQUARTERS TO ALSO PROVICIONAL ADVICE ON ALL ASPEC | G GIRLS FOR A LIFETIME OF SE NATIONAL CONTINUES TO SUPPIPED TO REFLECT CHANGES LAN THAT CULMINATES IN A 5K AND ADDRESS TOPICS SUCH AS SERVICED APPROXIMATELY 60 UT ALL LOCATIONS EMPHASIS VLS ON THE RUN INTERNATIONAL H THE ARDUOUS APPLICATION IS SIDE AND PROGRAM OPERATON THE RUN IS A PROGRAM OF MARKETING AND COLLATER. TS OF THE COUNCIL IS PROVID | LF RESPECT AND HEALTHY LIVING ORT AND TRAIN COUNCILS TO IN ADOLESCENT BEHAVIORS AND EVENT THE CURRICULA IS SPLIT HEALTHY EATING, GOSSIP, SELF-0,000-70,000 GIRLS ANNUALLY VAS PLACED ON COUNCIL L FIELDS APPROXIMATELY 125 PROCESS EACH YEAR TO BECOME IONS FOR EACH NEWLY FAN ALREADY EXISTING NOT FOR AL MATERIALS AND TEMPLATES TO ED THE LOCAL CHARLOTTE |
|     |  |   |  |   |  |
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|     |  |   |  |   |  |
| 1b  | (Code ) (Expenses S  | 3   | including grants of \$   | ) (Revenue \$   | )  |
|     |  |   |  |   |  |
|     |  |   |  |   |  |
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|     |  |   |  |   |  |
|     |  |   |  |   |  |
| łc  | (Code ) (Expenses s  | 3   | ıncludıng grants of \$   | ) (Revenue \$   | )  |
|     | (6525  |   | monanty grants or q  | , ( <del>+</del>  | ,  |
|     |  |   |  |   |  |
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|     |  |   |  |   |  |
| ld  | Other program services (Describe   |   |  |   |  |
|     | (Expenses \$   | including grants of   | <u> </u>   | ) (Revenue \$   | )  |
| 1e  | Total program service expenses \$  | 964,809   | 9 – Must equal Part IX, Li   | ine 25, column (B).   |  |

Part IV Checklist of Required Schedules

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏  | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | Νο |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |     | Νο |
| 5   | Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     |    |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | Νο |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                           | 9   |     | No |
| 10  | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | No |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | Yes |    |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .   | 12  |     | Νο |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | Νo |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ?  | 14a |     | Νο |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$  | 14b |     | Νο |
| 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, Part II</i>  | 15  |     | No |
| 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</i> "Yes," complete Schedule F, Part III  | 16  |     | No |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | No |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | Νο |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | No |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   | 23  |     | No |
| 24a | 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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |    |
| 25a | Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |     | No |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I  | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27  |     | No |

### Part IV Checklist of Required Schedules (Continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part |     |     |    |
|    |  | 28a |     | No |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  | 28b |     | No |
| c  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.   | 28c |     | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II  | 32  |     | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I   | 33  |     | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  |     | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35  |     | No |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Νο |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No |

| Pa  | art V Statements Regarding Othe   | er IRS Filings and Tax Complianc   | :e       |                          |     |     |       |
|-----|---|--|----------|--------------------------|-----|-----|-------|
|     |   |  |          |                          |     | Yes | No    |
| 1a  | Enter the number reported in Box 3 of For   | m 1096, Annual Summary and Transmittal   |          |                          |     |     |       |
|     | of U.S. Information Returns. Enter -0- if not   | applicable   |          |                          |     |     |       |
|     |   |  | 1a       | 4                        |     |     |       |
| b   | <b>b</b> Enter the number of Forms W-2G included  | in line 1a Enter -0- if not applicable   | 1b       | 0                        |     |     |       |
|     | Bodah a sasa sasa kan a sasa ka sasa ka sasa ka   | onthib adding a male a few man and a black and a section in                                |          |                          |     |     |       |
| С   | c Did the organization comply with backup with gaming (gambling) winnings to prize winner |  | o vend   | ors and reportable       | 1c  |     | Νο    |
| 2a  |   | 1  |          |                          |     |     |       |
|     | Statements filed for the calendar year end  | ing with or within the year covered by this  | 2a       | 14                       |     |     |       |
| h   | return  | reanization file all required federal employing  |          |                          |     |     |       |
| U   |   | er than 250, you may be required to e-file this  |          |                          | 2b  | Yes |       |
| 3a  | Did the organization have unrelated busin   | ess gross income of \$1,000 or more durin  | g the    | year covered by this     |     |     |       |
| _   | return?   |  | • •      |                          | 3a  |     | N o   |
|     | <b>b</b> If "Yes," has it filed a Form 990-T for this                                     |  |          |                          | 3b  |     |       |
| 4a  |   | the organization have an interest in, or a s<br>try (such as a bank account, securities ac |          |                          |     |     |       |
|     | account)?   |  |          |                          | 4a  |     | Νo    |
| b   | <b>b</b> If "Yes," enter the name of the foreign cou                                      | untry  |          |                          |     |     |       |
|     | See the instructions for exceptions and fil   | ling requirements for Form TD F 90-22.1, Re  | port of  | Foreign Bank and         |     |     |       |
| _   | Financial Accounts.   |  |          | _                        |     |     |       |
| 5a  |   | ed tax shelter transaction at any time durii   |          | ·                        | 5a  |     | No    |
| Ь   | <b>b</b> Did any taxable party notify the organizat                                       | ion that it was or is a party to a prohibited  | taxsh    | elter transaction?       | 5b  |     | N o   |
| С   | c If "Yes," to 5a or 5b, did the organization   | file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i>                                  | t Entit  | y Regarding Prohibited   | 5c  |     |       |
| 6a  | Tax Shelter Transaction?  | ons that were not tax deductible?  | •        |                          | 6a  |     | N o   |
|     | b If "Yes," did the organization include with   |  |          |                          | Va  |     | 110   |
|     | were not tax deductible?  | · · · · · · · · · · · · · · · · · · ·  |          | · · · · · ·              | 6b  |     |       |
| 7   | Organizations that may receive deductible c   | ontributions under section 170(c).   |          |                          |     |     |       |
| а   | a Did the organization provide goods or serv  | vices in exchange for any quid pro quo con   | itributi | on of \$75 or            | 7a  |     | Νo    |
|     | more?   |  |          | 40                       |     |     |       |
|     | b If "Yes," did the organization notify the do  | - ·  |          |                          | 7b  |     |       |
| C   | c Did the organization sell, exchange, or oth<br>file Form 8282?                          |  |          | -                        | 7c  |     | Νο    |
| d   | <b>d</b> If "Yes," indicate the number of Forms 82  | 82 filed during the year   | 7d       |                          |     |     |       |
|     |   |  |          |                          |     |     |       |
| е   | e Did the organization, during the year, rece<br>henefit contract?                        | erve any funds, directly or indirectly, to pay   |          |                          | 7e  |     | No    |
| f   |   |  |          |                          | 7f  |     | No No |
| q   |   | al property, did the organization file Form 8  |          |                          | 7g  |     | No    |
| h   | <b>h</b> For contributions of cars, boats, airplanes                                      | ,  |          | ·                        |     |     |       |
|     | required?   | ·  |          |                          | 7h  |     | Νο    |
| 8   |   | anizations maintaining donor advised funds a   |          |                          |     |     |       |
|     | excess business holdings at any time dur  | ng organization, or a fund maintained by a s<br>ring the                                   | sponse   | oring organization, have | 8   |     |       |
|     | year?   |  |          |                          | -   |     |       |
| 9   | Section $501(c)(3)$ and other sponsoring orga   | anizations maintaining donor advised funds.  |          |                          |     |     |       |
| а   |   | stributions under section 4966?  |          |                          | 9a  |     |       |
| b   |   | o a donor, donor advisor, or related person  | ۱۶ .     |                          | 9b  |     |       |
| 10  | ( )( )  |  |          |                          |     |     |       |
|     | a Initiation fees and capital contributions in  |  | 10a      |                          |     |     |       |
| b   | b Gross receipts, included on Form 990, Pa<br>facilities                                  | rt VIII, line 12, for public use of club   | 10b      |                          |     |     |       |
|     |   |  |          |                          |     |     |       |
|     | Section 501(c)(12) organizations Enter  |  |          |                          |     |     |       |
| а   | a Gross income from members or sharehold  | ers  | 11a      |                          |     |     |       |
| b   | <b>b</b> Gross income from other sources (Do not  | net amounts due or paid to other sources   | <u> </u> |                          |     |     |       |
| _   | against amounts due or received from the  | ·  | 11b      |                          |     |     |       |
| 12> | a Section 4947(a)(1) non-exempt charitable tr   | usts . Is the organization filing Form 990 in  | n lieu c | of Form 1041?            | 12a |     |       |
|     | b If "Yes," enter the amount of tax-exempt  |  |          |                          |     |     |       |
| _   | year  | 221. 222. 24 or addrag during tile   | 12b      |                          |     |     |       |

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

|    | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions. | ı, desc | ribe the circumstances, |
|----|---|---------|-------------------------|
| 1a | Enter the number of voting members of the governing body  | 1a      | 8                       |
| b  | Enter the number of voting members that are independent   | 1b      | 8                       |

|   | other officer, director, trustee, or key employee?   |
|---|--|
| 3 | 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? .    |
| 1 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was |

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

| Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? |
|---|
| Did the organization become aware during the year of a material diversion of the organization's assets?               |

| Did the organization become aware during the year of a material diversion of the organization's assets?     | L |
|---|---|
| Does the organization have members or stockholders?   |   |
| Does the organization have members, stockholders, or other persons who may elect one or more members of the |   |

| 1 | Does the organiza | tıon | have  | mem    | bers | , sto | ckho  | lder  | s, or | other | person | s who | may  | elect | one | or | more  | me  | mber  | ofthe |
|---|-------------------|------|-------|--------|------|-------|-------|-------|-------|-------|--------|-------|------|-------|-----|----|-------|-----|-------|-------|
|   | governing body?   |      |       |        |      |       |       |       |       |       |        |       |      |       |     |    |       |     |       |       |
| h | Are any decisions | of t | 00.00 | warnır | a ba | du    | Libio | ct to |       | roval | by man | hore  | ctoc | khald | orc | or | athar | nor | conc? | ,     |

| ט | Are any decisions of the governing body subject to approval by members, stockholders, of other persons.    |
|---|--|
|   | Did the organization contemporaneously document the meetings held or written actions undertaken during the |
|   | vear by the following  |

|   | year by the following |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| а | the governing body?   |  |  |  |  |  |  |  |  |  |  |  |  |  |

| b | each committee with authority to act on behalf of the governing body? | • | • | • | • | • | • | • | • | • | • | • |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Does the organization have local chapters, branches, or affiliates? . |   |   |   |   |   |   |   |   |   |   |   |

| Ь | If "Yes," does the organization have written policies and procedures governing the activities of su | ch c | :haj | pter | ·s, |
|---|---|------|------|------|-----|
|   | affiliates, and branches to ensure their operations are consistent with those of the organization?  |      |      |      |     |

| Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organi | zatı | ions | s |
|--|------|------|---|
| must describe in Schedule O the process, if any, the organization uses to review the Form 990            |      |      |   |

| 11 | Is there any officer, director or 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                        |

| 8a | Yes |    |
|----|-----|----|
| 8b | Yes |    |
| 9a |     | Νο |
| 9b |     |    |
| 10 | Yes |    |
| 11 |     | No |
|    |     |    |

#### Section B. Policies

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .   | 12a | Yes |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy?   | 13  | Yes |    |
| 14  | Does the organization have a written document retention and destruction policy?  | 14  | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official?  | 15a | Yes |    |
| b   | Other officers or key employees of the organization?   | 15b | Yes |    |
|     | Describe the process in Schedule O   |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a |     | Νο |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |     |    |

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DEE ANNA CLARKE 120 COTTAGE PLACE CHARLOTTE,NC 28207 (704) 837-0099

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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 the organization did r  | not compens                            | ate any  | offic                         | er, c    | lirec        | tor, tru         | uste | or key employee   |  |  |
|---|--|--|-------------------------------|----------|--------------|------------------|------|---|--|--|
|   |  | <b>(C)</b><br>Position (check all<br>that apply) |                               |          |              | I                |      |   |  | (F)  |
| (A)<br>Name and Title                     | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Director                | Officer Institutional Trustee |          | Key employee | Former<br>compen |      | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| SUZY WINTERS , BOARD MEMBER               | 2 00                                   | Х  |                               |          |              |                  |      | 0   | 0  | 0  |
| ANDY DINKIN, BOARD CHAIR                  | 2 00                                   | Х  |                               | Х        |              |                  |      | 0   | 0  | 0  |
| ROBERT BALES , TREASURER                  | 2 00                                   | Х  |                               | Х        |              |                  |      | 0   | 0  | 0  |
| DANA LUCIANI , VICE CHAIR                 | 2 00                                   | Х  |                               | Х        |              |                  |      | 0   | 0  | 0  |
| AMY COMBS , BOARD MEMBER                  | 2 00                                   | Х  |                               |          |              |                  |      | 0   | 0  | 0  |
| SARAH HIRSHLAND , BOARD MEMBER            | 2 00                                   | Х  |                               |          |              |                  |      | 0   | 0  | 0  |
| JEAN SEQUITE , BOARD MEMBER               | 2 00                                   | Х  |                               |          |              |                  |      | 0   | 0  | 0  |
| SUE GORMAN, BOARD MEMBER                  | 4 00                                   | X  |                               |          |              |                  |      | 0   | 0  | 0  |
| MARY BARKER , FOUNDER & VISION KEEPER     | 40 00                                  |  |                               | Х        |              |                  |      | 114,151   | 0  | 0  |
| DEE ANNA CLARKE , VICE PRESIDENT, FINANCE | 50 00                                  |  |                               | Х        |              |                  |      | 73,452  | 0  | 0  |
| ELIZABETH KUNZ , PRESIDENT                | 50 00                                  |  |                               | Х        |              |                  |      | 83,408  | 0  | 0  |
|   |  |  |                               |          |              |                  |      |   |  |  |
|   |  |  |                               |          |              |                  |      |   |  |  |
|   |  |  |                               |          |              | ļ                |      |   |  |  |
|   |  |  |                               |          |              | <u> </u>         |      |   |  |  |
|   |  |  |                               | <u> </u> |              | <u> </u>         |      |   |  |  |
|   |  |  |                               |          |              |                  |      |   |  |  |

#### Part VII Continued

| <b>(A)</b><br>Name and Title | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Director |  | appl | у) | Highest compensated | Former      | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|-----------------------------------|--|------|----|---------------------|-------------|---|--|--|
|                              |  |                                   |  |      |    |                     |             |   |  |  |
|                              |  |                                   |  |      |    |                     |             |   |  |  |
|                              |  |                                   |  |      |    |                     |             |   |  |  |
| 1b Total                     |  |                                   | <u>.                                    </u> |      |    |                     | <b>&gt;</b> | 271,011   | . 0  | 0  |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

|   |   |   | Yes | No  |
|---|---|---|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                | 3 |     | No  |
| 4 | For any individual listed online 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 |     | N.a |
|   |   | 4 |     | No  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                                    | 5 |     | No  |

### 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

| (A) Name and business address  | (B) Description of services | (C)<br>Compensation |
|--|-----------------------------|---------------------|
|  |                             |                     |
|  |                             |                     |
|  |                             |                     |
|  |                             |                     |
|  |                             |                     |
| 7 Total number of independent contractors (including those in 1) who received more than \$ | 100 000 in compensation     |                     |

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

| Form 9   | t             | O08)<br>Statement of Revenue   |                     |                      |  |   | Page  |
|--|---------------|--|---------------------|----------------------|--|---|---|
| VIII   |               |  |                     | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 51 |
| ifts, grants<br>ar amounts                             | 1a<br>b<br>c  | Federated campaigns 1a  Membership dues  |                     |                      |  |   |   |
| Contributions, gifts, grants and other similar amounts | e<br>f<br>g   | Government grants (contributions) <b>1e</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> Noncash contributions included in | 613,870             |                      |  |   |   |
| ——   | h             | Ines 1a-1f \$  Total (Add lines 1a-1f)   | <b>•</b>            | 830,635              |  |   |   |
| Revenue  | 2a<br>b       | REGISTRATION & CAMPS CURRICULUM & TRAINING   | 900,099<br>900,099  | 243,535<br>47,831    | 243,535<br>47,831                                  |   |   |
| Program Serwoe Revenue                                 | d<br>e        | MATERIALS DISTRIBUTED  | 900,099             | 23,533               | 23,533   |   |   |
| Progran  | f<br>g        | All other program service revenue  Total. Add lines 2a-2f  |                     |                      |  |   |   |
|  | 3             | ► \$ 314,899  Investment income (including divident of the similar amounts)  | ·                   |                      |  |   |   |
|  | 5             | Royalties  | ond proceeds        |                      |  |   |   |
|  | 6a<br>b<br>c  | Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)   |                     |                      |  |   |   |
|  | 7a            | Gross amount from sales of assets other than inventory   | (II) O ther         |                      |  |   |   |
|  | b<br>c<br>d   | Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)  917  -917  |                     | -917                 | -917   |   |   |
| Other Revenue  | 8a            | Gross income from fundraising events (not including  \$  | 761                 |                      |  |   |   |
| Other  | b<br>c        | Less direct expensesb  Net income or (loss) from fundraisi   | 61,519              | 155,933              | 155,933  |   |   |
|  | 9a            | Gross income from gaming<br>activities See part IV, line 19<br>Complete Schedule G if total<br>exceeds \$15,000  |                     |                      |  |   |   |
|  | b<br>c        | Less direct expensesb  Net income or (loss) from gaming a  | activities <b>•</b> |                      |  |   |   |
|  | 10a<br>b<br>c | Gross sales of inventory, less returns and allowances .  a Less cost of goods sold b  Net income or (loss) from sales of   | 170,862<br>15,842   | 155,020              | 155,020  |   |   |
|  | 11a           | Miscellaneous Revenue  | Business Code       | 133,020              | 133,020  |   |   |
|  | c<br>d        | All other revenue  |                     |                      |  |   |   |
|  | e<br>12       | Total. Add lines 11a-11d  Total Revenue. Add lines 1h, 2g, 3 8c, 9c, 10c, and 11e  | , 4, 5, 6d, 7d,     | 1,455,570            | 624,935  | (                                       |   |

### Part IX Statement of Functional Expenses

| A    | Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).       |                       |                                    |   |  |  |  |  |  |  |
|------|--|-----------------------|------------------------------------|---|--|--|--|--|--|--|
| Do i | not include amounts reported on lines 6b, 7b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | ( <b>D)</b><br>Fundraising<br>expenses |  |  |  |  |  |
| 1    | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   |                       |                                    |   |  |  |  |  |  |  |
| 2    | Grants and other assistance to individuals in the U.S. See Part IV, line 22  | 70,483                | 70,483                             |   |  |  |  |  |  |  |
| 3    | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16  | 100,000               | 100,000                            |   |  |  |  |  |  |  |
| 4    | Benefits paid to or for members  |                       |                                    |   |  |  |  |  |  |  |
| 5    | Compensation of current officers, directors, trustees, and key employees   | 271,011               | 188,411                            | 78,430                                    | 4,170                                  |  |  |  |  |  |
| 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   | 221,817               | 147,538                            |   | 68,722                                 |  |  |  |  |  |
| 8    | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  |                       |                                    |   |  |  |  |  |  |  |
| 9    | Other employee benefits  | 60,685                | 46,757                             | 11,689                                    | 2,239                                  |  |  |  |  |  |
| 10   | Payroll taxes  | 42,388                | 29,889                             | 7,472                                     | 5,027                                  |  |  |  |  |  |
| 11   | Fees for services (non-employees)  |                       |                                    |   |  |  |  |  |  |  |
| а    | Management   |                       |                                    |   |  |  |  |  |  |  |
| ь    | Legal  | 4,925                 |                                    | 4,925                                     | _                                      |  |  |  |  |  |
| с    | Accounting   | 17,881                | 1,160                              | 16,721                                    | _                                      |  |  |  |  |  |
| d    | Lobbying   | ,                     | ,                                  | ,   |  |  |  |  |  |  |
| e    | Professional fundraising See Part IV, line 17  | 3,592                 |                                    |   | 3,592                                  |  |  |  |  |  |
| f    | Investment management fees   | ,                     |                                    |   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
| g    | Other  | 7,550                 |                                    | 7,550                                     |  |  |  |  |  |  |
| 12   | Advertising and promotion  | 7,172                 |                                    | 7,172                                     |  |  |  |  |  |  |
| 13   | Office expenses  | 151,116               | 79,004                             | 59,131                                    | 12,981                                 |  |  |  |  |  |
| 14   | Information technology   | 13,707                | 789                                | 12,918                                    | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
| 15   | Royalties  | ,                     |                                    | ,   |  |  |  |  |  |  |
| 16   | Occupancy  | 45,345                | 45,345                             |   |  |  |  |  |  |  |
| 17   | Travel   | 37,440                | 35,597                             |   | 1,843                                  |  |  |  |  |  |
| 18   | Payments of travel or entertainment expenses for any Federal, state or local public officials  | ,                     | ,                                  |   | , <u>,      </u>                       |  |  |  |  |  |
| 19   | Conferences, conventions and meetings  |                       |                                    |   |  |  |  |  |  |  |
| 20   | Interest   |                       |                                    |   |  |  |  |  |  |  |
| 21   | Payments to affiliates   |                       |                                    |   |  |  |  |  |  |  |
| 22   | Depreciation, depletion, and amortization  | 6,937                 | 886                                | 6,051                                     |  |  |  |  |  |  |
| 23   | Insurance  | 4,800                 |                                    | 4,800                                     |  |  |  |  |  |  |
| 24   | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )                          |                       |                                    |   |  |  |  |  |  |  |
| а    | PROGRAM ACTIVITIES & RE  | 162,713               | 162,713                            |   |  |  |  |  |  |  |
| b    | SUMMIT EXPENSES  | 56,237                | 56,237                             |   |  |  |  |  |  |  |
| c    | BAD DEBT EXPENSE   | 11,570                | ,                                  | 11,570                                    |  |  |  |  |  |  |
| f    | All other expenses   |                       |                                    | ,   |  |  |  |  |  |  |
| 25   | Total functional expenses. Add lines 1 through 24f   | 1,297,369             | 964,809                            | 233,986                                   | 98,574                                 |  |  |  |  |  |
| 26   | Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | _,_5,,,533            | 23,,333                            |   |  |  |  |  |  |  |

| Dart V | Balance   | Shoot |
|--------|-----------|-------|
| Part X | l Balance | Sheet |

|             |       |  |         |             | (A)<br>Beginning of year |       |        | B)<br>fyear |
|-------------|-------|--|---------|-------------|--------------------------|-------|--------|-------------|
|             | 1     | Cash—non-interest-bearing  |         |             | 148,772                  | 1     |        | 343,970     |
|             | 2     | Savings and temporary cash investments   |         |             | 2,000                    | 2     |        | 2,000       |
|             | 3     | Pledges and grants receivable, net   |         |             | 200,000                  | 3     |        | 120,000     |
|             | 4     | Accounts receivable, net   |         |             | 283,444                  | 4     |        | 335,423     |
|             | 5     | Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L                |         | nployees or |                          | 5     |        |             |
|             | 6     | Receivables from other disqualified persons (as defined under sec<br>persons described in section 4958(c)(3)(B) Complete Part II of So | tion 4  |             |                          | 6     |        |             |
|             | 7     | Notes and loans receivable, net  |         |             |                          | 7     |        |             |
|             | 8     | Inventories for sale or use  |         |             |                          | 8     |        |             |
| S           | 9     | Prepaid expenses and deferred charges  |         |             | 1,375                    | 9     |        | 20,583      |
| Assets      | 10a   |  |         |             | · ·                      |       |        |             |
| Š           |       | Land, buildings, and equipment cost basis  | 10a     | 35,570      |                          |       |        |             |
| *           | b     | Less accumulated depreciation <i>Complete Part VI of Schedule D</i>  | 10b     | 12,918      | 9,533                    | 10c   |        | 22,652      |
|             | 11    | Investments—publicly traded securities   |         |             |                          | 11    |        |             |
|             | 12    | Investments—other securities See Part IV, line 11 <i>Complete Part Schedule D</i>  | VII of  | •           |                          | 12    |        |             |
|             | 13    | Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$ .   |         |             | 13                       |       |        |             |
|             | 14    | Intangible assets  |         | 14          |                          | ,     |        |             |
|             | 15    | Other assets See Part IV, line 11 Complete Part IX of Schedule  D  | 0       | 15          |                          | 5,203 |        |             |
|             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)  |         |             | 645,124                  | 16    |        | 849,831     |
|             | 17    | Accounts payable and accrued expenses .  |         |             | 40,030                   | 17    |        | 32,849      |
|             | 18    | Grants payable   |         | 18          |                          |       |        |             |
|             | 19    | Deferred revenue   |         |             | 19                       |       | 64,350 |             |
|             | 20    | Tax-exempt bond liabilities  |         |             |                          | 20    |        |             |
| eS          | 21    | Escrow account liability Complete Part IV of Schedule D  |         |             |                          | 21    |        |             |
| Liabilities | 22    | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified            |         |             |                          |       |        |             |
| <u> </u>    |       | persons Complete Part II of Schedule L   |         | •           |                          | 22    |        |             |
| _           | 23    | Secured mortgages and notes payable to unrelated third parties   |         |             |                          | 23    |        |             |
|             | 24    | Unsecured notes and loans payable  |         |             |                          | 24    |        |             |
|             | 25    | Other liabilities Complete Part X of Schedule D  |         |             | 64,519                   | 25    |        | 52,409      |
|             | 26    | Total liabilities. Add lines 17 through 25   |         |             | 104,549                  | 26    |        | 149,608     |
|             |       | Organizations that follow SFAS 117, check here ▶ ┌ and comple  | te line | s 27        |                          |       |        |             |
|             |       | through 29, and lines 33 and 34.   |         |             |                          |       |        |             |
| Balance     | 27    | Unrestricted net assets  |         |             |                          | 27    |        |             |
| Ba          | 28    | Temporarily restricted net assets  |         |             |                          | 28    |        |             |
| Fund        | 29    | Permanently restricted net assets  |         |             |                          | 29    |        |             |
| or Ful      |       | Organizations that do not follow SFAS 117, check here ► ✓ and lines 30 through 34.   | comple  | ete         |                          |       |        |             |
|             | 30    | Capital stock or trust principal, or current funds   |         |             | 0                        | 30    |        | 0           |
| Assets      | 31    | Paid-in or capital surplus, or land, building or equipment fund .  |         |             | 0                        | 31    |        | 0           |
| As          | 32    | Retained earnings, endowment, accumulated income, or other fund  | ds      |             | 540,575                  | 32    |        | 700,223     |
| Net         | 33    | Total net assets or fund balances  |         |             | 540,575                  | 33    |        | 700,223     |
| _           | 34    | Total liabilities and net assets/fund balances   |         |             | 645,124                  | 34    |        | 849,831     |
| Рa          | rt XI | Financial Statements and Reporting   |         |             |                          |       |        |             |
|             |       |  |         |             |                          |       | Yes    | No          |

| Dort VI           | Financial Statements and Reporting   |
|-------------------|--------------------------------------|
| 7.   1 - 2. 4 - 1 | - Financial Statements and Reporting |

|    |   |    | res | 140 |
|----|---|----|-----|-----|
| 1  | Accounting method used to prepare the Form 990  |    |     |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | No  |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b |     | Νo  |
| С  | If "Yes" to lines 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? | 2c |     |     |
| 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?  | 3a |     | No  |
| ь  | If "Yes." did the organization undergo the required audit or audits?  | 3b |     |     |

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As Filed Data -

DLN: 93493137001220

OMB No 1545-0047

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

(Form 990 or 990EZ)

**SCHEDULE A** 

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public Inspection

|       |          | n <b>e organizat i</b><br>E RUN INTERNA |                  |                                   |                  |                   |                  | Em          | ployer ide          | nt if icat io | n number                 |
|-------|----------|---|------------------|-----------------------------------|------------------|-------------------|------------------|-------------|---------------------|---------------|--------------------------|
| GIKLS | ON III   | L RON INTERNA                           | ATTOMAL          |                                   |                  |                   |                  | 56          | -220183!            | 5             |                          |
| Pa    | rt I     | Reason                                  | for Public C     | harity Status (to be co           | mpleted          | by all or         | ganizatio        |             |                     |               |                          |
|       |          |   |                  | ation because it is (Please       | •                |                   |                  |             |                     | ,             |                          |
| 1     | Ī        |   |                  | nurches, or association of ch     |                  |                   |                  |             | (A)(i).             |               |                          |
| 2     |          |   |                  | tion 170(b)(1)(A)(ii). (Attac     |                  |                   |                  |             |                     |               |                          |
| 3     | Г        | A hospital                              | or a cooperativ  | e hospital service organizati     | on describ       | oed in <b>Sec</b> | t ion 170(l      | o)(1)(A)(i  | ii). (Attac         | h Schedul     | le H )                   |
| 4     | Ė        | •                                       | ·                | zation operated in conjuncti      |                  |                   | -                |             | • •                 |               | •                        |
|       |          |   | name, city, and  |                                   |                  |                   |                  |             |                     |               |                          |
| 5     | Γ        |   |                  | for the benefit of a college or   | universit        | y owned o         | r operated       | l by a gove | ernmental           | unıt desc     | rıbed ın                 |
|       | _        |   |                  | (Complete Part II )               |                  |                   |                  |             |                     |               |                          |
| 6     | <u> </u> | •                                       | -                | overnment or governmental         |                  |                   |                  |             |                     |               |                          |
| 7     | ~        |   |                  | ally receives a substantial p     |                  | support fro       | m a gove         | rnmental ı  | ınıt or fron        | n the gene    | eral public              |
|       | _        | described i                             | n Section 170(b  | <b>o)(1)(A)(vi)</b> (Complete Par | tII)             |                   |                  |             |                     |               |                          |
| 8     | <u> </u> |   | •                | ped in Section 170(b)(1)(A)       |                  | •                 | •                |             |                     |               |                          |
| 9     |          | An organiza                             | ation that norm  | ally receives (1) more than       | 331/3% o         | fits supp         | ort from co      | ontributior | ıs, membe           | rship fees    | , and gross              |
|       |          | receipts fro                            | m activities re  | lated to its exempt functions     | s—subject        | to certair        | n exceptio       | ns, and (2  | ) no more           | than 331/     | '3% of                   |
|       |          | ıts support                             | from gross inve  | estment income and unrelate       | ed busines       | s taxable         | ıncome (l        | ess section | on 511 tax          | () from bu    | sinesses                 |
|       |          | acquired by                             | the organization | on after June 30, 1975 See        | Section 5        | 09(a)(2).         | (Complete        | e Part III  | )                   |               |                          |
| 10    | Γ        | An organiza                             | atıon organızed  | and operated exclusively to       | test for p       | ublic safe        | ty See <b>Se</b> | ct ion 509( | ( <b>a)(4).</b> (Se | ee instruc    | tions )                  |
| 11    | Γ        | -                                       | -                | and operated exclusively fo       |                  | , ,               |                  |             | ,                   | •             |                          |
|       |          |   |                  | orted organizations describe      |                  |                   |                  | -           |                     | Section 5     | <b>09(a)(3).</b> Check   |
|       |          |   | ype I <b>b</b>   | type of supporting organiza       | Type III         |                   |                  |             | ⊓ d                 | □ Type        | III - Other              |
| e     | Г        | •                                       | • •              | rtify that the organization is    |                  |                   | -                |             |                     |               |                          |
| _     | '        | •                                       | - '              | agers and other than one or       |                  |                   |                  |             |                     |               |                          |
|       |          | section 50                              |                  |                                   | ·                |                   | -                |             |                     |               |                          |
| f     |          | _                                       |                  | d a written determination fro     | m the IRS        | that it is        | a Type I,        | Type II o   | r Type III          | supportin     | ng organization <u>,</u> |
| -     |          | check this                              |                  | as the organization accepted      | d any gift.      | or contrib        | ution from       | any of the  |                     |               | Į.                       |
| g     |          | following pe                            |                  | as the organization accepted      | u any gni        | or Continu        | ution nom        | any or the  | •                   |               |                          |
|       |          |   |                  | r indirectly controls, either a   | alone or to      | gether wi         | th persons       | describe    | d ın (ıı)           |               | Yes No                   |
|       |          | and (111) bel                           | ow, the governi  | ng body of the the supported      | d organiza       | tion?             |                  |             |                     | 11g           | (i)                      |
|       |          | (ii) a family                           | / member of a p  | erson described in (i) above      | ?                |                   |                  |             |                     | 11g(          |                          |
|       |          | (iii) a 35%                             | controlled enti  | ty of a person described in (     | (i) or (ii) al   | oove?             |                  |             |                     | 11g(          |                          |
| h     |          | Provide the                             | following infori | mation about the organizatio      | ns the org       | anızatıon         | supports         |             |                     |               |                          |
|       |          |   | -                | -                                 | _                |                   |                  |             |                     |               |                          |
|       | (i) Na   | ame of                                  | (ii) EIN         | (iii) Type of organization        | (iv) I           | s the             | (v) Did y        | ou notify   | (vi) I              | s the         | (vii) A mount of         |
|       | Supp     | orted                                   |                  | (described on lines 1-9           | organız          | atıon ın          |                  | nızatıon    | 1                   | atıon ın      | support?                 |
|       | Orgar    | nization                                |                  | above or IRC section              | col (i)          |                   |                  | i) of your  |                     | rganized      |                          |
|       |          |   |                  | (See Instructions))               | your go<br>docur |                   | supp             | ort?        | In the              | US?           |                          |
|       |          |   |                  |                                   | Yes              |                   | Yes              | No          | Yes                 | No            | 1                        |
|       |          |   |                  |                                   | 165              | No                | 165              | 140         | 1 65                | No            |                          |
|       |          |   |                  |                                   |                  |                   |                  | -           |                     |               |                          |
|       |          |   |                  |                                   |                  |                   |                  |             |                     |               |                          |
|       |          |   |                  |                                   |                  |                   |                  |             |                     |               |                          |
|       |          |   |                  | 1                                 |                  |                   | 1                |             |                     |               | 1                        |

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

|         | (Complete only if you chec  | ked the box of                            | 1 line 5, 7, or                      | 8 of Part I.)                        |                                      |                   |                          |                   |
|---------|---|---|--------------------------------------|--------------------------------------|--------------------------------------|-------------------|--------------------------|-------------------|
|         | ublic Support   |   |                                      |                                      |                                      |                   |                          |                   |
|         | endar year (or fiscal year beginning in)  | (a) 2004                                  | <b>(b)</b> 2005                      | (c) 2006                             | <b>(d)</b> 2007                      | (e)               | 2008                     | (f) Total         |
| 1       | Gifts, grants, contributions, and<br>membership fees received (Do not<br>include any "unusual grants")  | 342,201                                   | 572,948                              | 668,851                              | 966,131                              |                   | 830,635                  | 3,380,766         |
| 2       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |                                      |                                      |                                      |                   |                          |                   |
| 3       | The value of services or facilities furnished by a governmental unit to the   |   |                                      |                                      |                                      |                   |                          |                   |
| 4       | organization without charge <b>Total.</b> Add line 1-3  | 342,201                                   | 572,948                              | 668,851                              | 966,131                              |                   | 830,635                  | 3,380,766         |
| 5       | The portion of total contribution by each   | 312,232                                   | 3,2,310                              |                                      | 300,101                              |                   | 000,000                  |                   |
| J       | person (other than a government unit or<br>publicly supported organization) included<br>on line 1 that exceed 2% of the amount<br>shown on line 11, column  |   |                                      |                                      |                                      |                   |                          | 832,275           |
| 6       | (f)  Public Support subtract line 5 from line 4   |   |                                      |                                      |                                      |                   |                          | 2,548,491         |
| T       | otal Support  |   |                                      | <u> </u>                             | ı                                    |                   |                          |                   |
|         | endar year (or fiscal year beginning in)  | (a) 2004                                  | <b>(b)</b> 2005                      | (c) 2006                             | (d) 2007                             | (e)               | 2008                     | <b>(f)</b> Total  |
| 7       | A mounts from line 4  | 342,201                                   | (2) 2005                             | 668,851                              | 966,131                              | (0)               | 830,635                  | 3,380,766         |
| 8       | Gross income from interest, dividends,  | ,   |                                      | ,                                    | ,                                    |                   |                          |                   |
| Ü       | payments received on securities loans, rents, royalties and income from similar sources   |   |                                      |                                      |                                      |                   |                          |                   |
| 9       | Net income from unrelated business activities, whether or not the business is regularly carried on  |   |                                      |                                      |                                      |                   |                          |                   |
| 10      | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   | 1,502                                     | 4,977                                |                                      |                                      |                   |                          | 6,479             |
| 11      | Total Support (Add lines 7 through 10)  |   |                                      |                                      |                                      |                   |                          | 3,387,245         |
| 12      | Gross receipts from related activities, etc   | (See instruction:                         | s)                                   | •                                    | •                                    | 12                | <u>'</u>                 | 2,029,133         |
| 13<br>C | First Five Years. If the Form 990 is for the organization, check this box and stop hereomputation of Public Support Perc  |   | st, second, third                    | d, fourth, or fifth                  | tax year as a 50                     |                   |                          | <b>▶</b> ┌        |
| 14      | Public Support Percentage for 2008 (line 6  |   | ed by line 11 co                     | lumn (f))                            |                                      | 14                |                          | 75.240 %          |
| 15      | Public Support Percentage for 2007 Sched  | ule A , Part IV - A                       | , line 26f                           |                                      |                                      | 15                |                          | 71.010 %          |
|         | 33 1/3% Test - 2008. If the organization did<br>and stop here. The organization qualifies as<br>33 1/3% Test - 2007. If the organization did  | a publicly supp                           | orted organizati                     | on                                   | ·                                    |                   |                          | <b>▶</b>  ✓       |
| 17a     | box and <b>stop here.</b> The organization qualifies <b>10% Facts and Circumstances Test - 2008.</b> It more, and if the organization meets the "facts and circumstances and circumstances" and circumstances are unable to the organization meets. | If the organizations:<br>ts and circumsta | on did not check<br>ances" test, che | a box on line 13<br>eck this box and | stop here. Expl                      | laın ın           | Part IV ho               |                   |
| b       | 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fact the organization meets the "facts and circu  | If the organizations:<br>ts and circumsta | on did not check<br>ances" test, che | a box on line 13<br>eck this box and | 3, 16a, 16b, or :<br>stop here. Expl | 17a ai<br>Iain in | nd line 15<br>Part IV ho |                   |
| 18      | Private Foundation. If the organization did   |   |                                      |                                      |                                      |                   |                          | . ,<br><b>⊾</b> ⊏ |

| Pa   | Support Schedule for On<br>(Complete only if you ched                            |                    |                   |                     | (2)              |                 |            |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
|      | ction A. Public Support  |                    | _                 | ,                   |                  |                 |            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total  |
| 1    | Gifts, grants, contributions, and  |                    |                   |                     |                  |                 |            |
|      | membership fees received (Do not   |                    |                   |                     |                  |                 |            |
| 2    | include any "unusual grants ")<br>Gross receipts from admissions,                |                    |                   |                     |                  |                 |            |
| 2    | merchandise sold or services performed,  |                    |                   |                     |                  |                 |            |
|      | or facilities furnished in any activity that                                     |                    |                   |                     |                  |                 |            |
|      | is related to the organization's tax-  |                    |                   |                     |                  |                 |            |
|      | exempt purpose   |                    |                   |                     |                  |                 |            |
| 3    | Gross receipts from activities that are  |                    |                   |                     |                  |                 |            |
|      | not an unrelated trade or business under   |                    |                   |                     |                  |                 |            |
|      | section 513  |                    |                   |                     |                  |                 |            |
| 4    | Tax revenues levied for the  |                    |                   |                     |                  |                 |            |
|      | organization's benefit and either paid to  |                    |                   |                     |                  |                 |            |
|      | or expended on its behalf  |                    |                   |                     |                  |                 |            |
| 5    | The value of services or facilities  |                    |                   |                     |                  |                 |            |
|      | furnished by a governmental unit to the  |                    |                   |                     |                  |                 |            |
| _    | organization without charge  |                    |                   |                     |                  |                 |            |
| 6    | Total Add lines 1-5  |                    |                   |                     |                  |                 |            |
| 7a   | A mounts included on lines 1, 2, and 3   |                    |                   |                     |                  |                 |            |
|      | received from disqualified persons<br>Amounts included on lines 2 and 3          |                    |                   |                     |                  |                 |            |
| D    | received from other than disqualified  |                    |                   |                     |                  |                 |            |
|      | persons that exceed the greater of 1% of   |                    |                   |                     |                  |                 |            |
|      | the total of lines 9, 10c, 11, and 12 for  |                    |                   |                     |                  |                 |            |
|      | the year or \$5,000  |                    |                   |                     |                  |                 |            |
| c    | Total of lines 7a and 7b   |                    |                   |                     |                  |                 |            |
| 8    | Public Support (Substract line 7c from   |                    |                   |                     |                  |                 |            |
| _    | line 6)  |                    |                   |                     |                  |                 |            |
| То   | tal Support  |                    |                   |                     |                  |                 |            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total  |
| 9    | A mounts from line 6   |                    |                   |                     |                  |                 |            |
| 10a  | Gross income from interest, dividends,   |                    |                   |                     |                  |                 |            |
|      | payments received on securities loans,   |                    |                   |                     |                  |                 |            |
|      | rents, royalties and income from similar   |                    |                   |                     |                  |                 |            |
|      | sources  |                    |                   |                     |                  |                 |            |
| b    | Unrelated business taxable income (less  |                    |                   |                     |                  |                 |            |
|      | section 511 taxes) from businesses   |                    |                   |                     |                  |                 |            |
|      | acquired after 30 June, 1975   |                    | +                 |                     |                  |                 |            |
| С    | Add lines 10a and 10b  |                    |                   |                     |                  |                 |            |
| 11   | Net income from unrelated business   |                    |                   |                     |                  |                 |            |
|      | activities not included in line 10b,<br>whether or not the business is regularly |                    |                   |                     |                  |                 |            |
|      | carried on   |                    |                   |                     |                  |                 |            |
| 12   | Other income Do not include gain or loss   |                    |                   |                     |                  |                 |            |
|      | from the sale of capital assets  |                    |                   |                     |                  |                 |            |
|      | (Explain in Part IV )  |                    |                   |                     |                  |                 |            |
| 13   | Total Support (Add lines 9, 10c, 11 and  |                    |                   |                     |                  |                 |            |
|      | 12)  |                    |                   |                     |                  |                 |            |
| 14   | First Five Years If the Form 990 is for the                                      | organızatıon's fı  | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation,    |
|      | check this box and <b>stop here</b>  |                    |                   |                     |                  |                 | <b>▶</b> □ |
|      | manufaction of Dublic Compact Days   |                    |                   |                     |                  |                 |            |
| 15   | mputation of Public Support Perc<br>Public Support Percentage for 2008 (line     |                    | dod by line 12 o  | olumn (fl)          |                  | T 4= T          |            |
|      |  |                    | •                 | .orumin (1))        |                  | 15              |            |
| 16   | Public Support Percentage for 2007 Sche  | dule A , Part IV - | A, line 27g       |                     |                  | 16              |            |
|      |  | D                  |                   |                     |                  |                 |            |
| Co   | mputation of Investment Income Investment Income Percentage for 2008 (           |                    |                   | ne 13 column /f     | <u> </u>         | 17              |            |
|      |  |                    |                   | -                   | "                | 17              |            |
| ΤQ   | Investment Income Percentage from 2007   | ocnequie A , Pa    | TLIV-A, IINE 2/   | H                   |                  | 18              |            |

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

| Part IV | <b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) |
|---------|---|
|         |   |
|         | Facts and Circumstances Test  |
|         |   |

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization GIRLS ON THE RUN INTERNATIONAL

|          |   |   |                   | 01835         |                   |          |
|----------|---|---|-------------------|---------------|-------------------|----------|
| Par      | Organizations Maintaining Donor A<br>organization answered "Yes" to Form 9  |   | Funds o           | Account       | <b>s.</b> Complet | e if the |
|          | organization answered Tes to Form 5   | (a) Donor advised funds                     | (b)               | ) Funds and   | other accour      | nts      |
| 1        | Fotal number at end of year   |   |                   |               |                   |          |
| 2 /      | Aggregate Contributions to (during year)  |   |                   |               |                   |          |
| 3 /      | Aggregate Grants from (during year)   |   |                   |               |                   |          |
| 4 /      | Aggregate value at end of year  |   |                   |               |                   |          |
|          | Did the organization inform all donors and donor adv<br>funds are the organization's property, subject to the   |   | onor advise       | ed            | ☐ Yes             | ┌ No     |
|          | Did the organization inform all grantees, donors, and<br>used only for charitable purposes and not for the be<br>impermissible private benefit?                             |   |                   |               | ☐ Yes             | ┌ No     |
| Part     | Conservation Easements. Complete  | ıf the organızatıon answered "Yes"          | to Form           | 990, Part I   | V, line 7.        |          |
|          | Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space          | <u> </u>                                    |                   |               | •                 | a        |
|          | Complete lines 2a–2d if the organization held a qua<br>on the last day of the tax year  | lified conservation contribution in the for | rm of a con:<br>_ | servation ea  | sement            |          |
|          |   |   |                   | Held a        | t the End of      | the Yea  |
| а        | Total number of conservation easements  |   |                   | 2a            |                   |          |
| b        | Total acreage restricted by conservation easemen  | ts  |                   | 2b            |                   |          |
| c        | Number of conservation easements on a certified h   | nistoric structure included in (a)          |                   | 2c            |                   |          |
| d        | Number of conservation easements included in (c)  | acquired after 8/17/06                      |                   | 2d            |                   |          |
|          | Number of conservation easements modified, transf   | erred, released, extinguished, or termina   | ited by the       | organization  | n during          |          |
|          | the taxable year 🕨  |   |                   |               |                   |          |
|          | Number of states where property subject to conserv  | ration easement is located 🕨                |                   |               |                   |          |
|          | Does the organization have a written policy regardir enforcement of the conservation easements it holds   |   | olations, ar      | nd            | ☐ Yes             | ┌ No     |
| 1        | Staff or volunteer hours devoted to monitoring, insp  | ecting and enforcing easements during t     | he year ►         |               |                   |          |
| 7        | A mount of expenses incurred in monitoring, inspect   | ing, and enforcing easements during the     | year ► \$         |               |                   |          |
|          | Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  | 2(d) above satisfy the requirements of s    | ection            |               | ☐ Yes             | ┌ No     |
|          | In Part XIV, describe how the organization reports of<br>balance sheet, and include, if applicable, the text of<br>the organization's accounting for conservation ease      | the footnote to the organization's financ   |                   |               |                   |          |
| Part     | Organizations Maintaining Collection Complete if the organization answered  |   | , or Othe         | er Similar    | Assets.           |          |
|          | If the organization elected, as permitted under SFA!<br>art, historical treasures, or other similar assets heli<br>provide, in Part XIV, the text of the footnote to its fi | d for public exhibition, education or resea | arch in furth     |               |                   | ·,       |
| _        | If the organization elected, as permitted under SFA!<br>historical treasures, or other similar assets held for<br>provide the following amounts relating to these item      | public exhibition, education, or research   |                   |               |                   |          |
|          | (i) Revenues included in Form 990, Part VIII, line  | 1   |                   | <b>►</b> \$   |                   |          |
|          | (ii) Assets included in Form 990, Part X  |   |                   | <b>F</b> \$   |                   |          |
| <u> </u> | If the organization received or held works of art, his following amounts required to be reported under SFA  |   | for financi       | al gaın, prov | ıde the           |          |
| а        | Revenues included in Form 990, Part VIII, line 1  |   |                   | <b>F</b> \$   |                   |          |
| b        | Assets included in Form 990 Part Y  |   |                   | <b>L</b> ¢    |                   |          |

| Part         | IIII Organizations Maintaining Col  | llections of Art, His    | stori   | ical Treasur      | es, or Othe      | r Similar Asse       | ts (co          | ntınued)  |
|--------------|---|--------------------------|---------|-------------------|------------------|----------------------|-----------------|-----------|
| 3            | Using the organization's accession and other items (check all that apply)                         | records, check any of t  | he fol  | lowing that are   | a significant us | se of its collection |                 |           |
| а            | Public exhibition   | d                        | Γ       | Loan or exch      | ange programs    |                      |                 |           |
| b            | Scholarly research  | e                        | Г       | Other             |                  |                      |                 |           |
| c            | Preservation for future generations   |                          |         |                   |                  |                      |                 |           |
| 4            | Provide a description of the organization's co<br>Part XIV  | llections and explain ho | w the   | y further the or  | ganızatıon's ex  | empt purpose in      |                 |           |
|              | During the year, did the organization solicit o assets to be sold to raise funds rather than to   |                          |         |                   |                  | ılar                 | Yes             | ┌ No      |
| Pari         |   | <b>Arrangements.</b> Con | nplet   | e if the orgar    |                  | ered "Yes" to Fo     | rm 99           | 90,       |
|              | Is the organization an agent, trustee, custodi<br>included on Form 990, Part X?                   | an or other intermediary | for o   | ontributions or   | other assets r   | ot                   | Yes             | Г No      |
| b            | If "Yes," explain why in Part XIV and complet   | te the following table   |         |                   | <u></u>          |                      |                 |           |
|              |   |                          |         |                   |                  | A mou                | nt              |           |
| С            | 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 Fo  | rm 990, Part X, line 217 | ,       |                   |                  | Γ,                   | Yes             | ☐ No      |
| b            | If "Yes," explain the arrangement in Part XIV   |                          |         |                   |                  |                      |                 |           |
| Par          | t V Endowment Funds. Complete it  |                          |         |                   |                  |                      |                 |           |
| 4 -          | B   | (a)Current Year (b       | )Prior  | Year (c)Two       | Years Back (d)   | hree Years Back (e)  | Four Ye         | ears Back |
| 1a           | Beginning of year balance   |                          |         |                   |                  |                      |                 |           |
| b            | Contributions   |                          |         |                   |                  |                      |                 |           |
| _            | Investment earnings or losses   |                          |         |                   |                  |                      |                 |           |
| d            | Grants or scholarships  |                          |         |                   |                  |                      |                 |           |
| е            | Other expenditures for facilities and programs  |                          |         |                   |                  |                      |                 |           |
| f            | Administrative expenses   |                          |         |                   |                  |                      |                 |           |
| g            | End of year balance   |                          |         |                   |                  |                      |                 |           |
| 2            | Provide the estimated percentage of the year  | end balance held as      |         |                   |                  |                      |                 |           |
| а            | Board designated or quasi-endowment   |                          |         |                   |                  |                      |                 |           |
| ь            | Permanent endowment -   |                          |         |                   |                  |                      |                 |           |
|              |   |                          |         |                   |                  |                      |                 |           |
|              | Term endowment ►<br>Are there endowment funds not in the posses                                   | sion of the organization | that    | are held and ad   | Iministered for  | the                  |                 |           |
|              | organization by   |                          |         |                   |                  |                      | Yes             | No        |
|              | (i) unrelated organizations   |                          |         |                   |                  | 3a(i)                |                 |           |
|              | (ii) related organizations  |                          | •       |                   |                  | 3a(ii)               |                 |           |
| В<br>4       | If "Yes" to 3a(II), are the related organization<br>Describe in Part XIV the intended uses of the |                          |         |                   |                  | 3b                   |                 |           |
|              | VI Investments—Land, Buildings  |                          |         |                   | rt X line 10     |                      |                 |           |
|              |   | y and Equipment          |         | a) Cost or other  | (b)Cost or other |                      |                 |           |
|              | Description of investment   |                          |         | asis (investment) | basis (other)    | (c) Depreciation     | ( <b>d</b> ) Bo | ook value |
| <b>1</b> a L | and   |                          |         |                   |                  |                      |                 |           |
|              | Buildings   |                          |         |                   |                  |                      |                 |           |
|              | easehold improvements   |                          |         |                   |                  |                      |                 |           |
|              | quipment  |                          |         |                   | 29,485           | 10,708               |                 | 18,777    |
|              | Other   |                          |         |                   | 6,085            | 2,210                |                 | 3,875     |
|              | . Add lines 1a-1e (Column (d) should equal For  |                          | ), line | e 10(c).)         | <u> </u>         |                      |                 | 22,652    |
|              |   | ·                        |         |                   |                  | Schedule D (F        | orm 9           | 90) 2008  |

| Part VII Investments—Other Securities. See                          | Form 990, Part X, line 1  | 2               |                                     |
|---|---------------------------|-----------------|-------------------------------------|
| (a) Description of security or cateory (including name of security) | (b)Book value             |                 | d of valuation<br>year market value |
| Financial derivatives and other financial products                  |                           |                 |                                     |
| Closely-held equity interests                                       |                           |                 |                                     |
| Other   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) |                           |                 |                                     |
| Part VIII Investments—Program Related. Se                           | ee Form 990, Part X, line | 13.             |                                     |
| (a) Description of investment type                                  | (b) Book value            | (c) Metho       | d of valuation                      |
| (a) Description of investment type                                  | (2) Book value            | Cost or end-of- | year market value                   |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) |                           |                 |                                     |
| Part IX Other Assets. See Form 990, Part X, I                       |                           |                 |                                     |
| (a) Descr   | ıptıon                    |                 | (b) Book value                      |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line      | 15.)                      |                 |                                     |
| Part X Other Liabilities. See Form 990, Part                        |                           |                 |                                     |
| (a) Description of Liability  | (b) A mount               |                 |                                     |
| Federal Income Taxes  |                           |                 |                                     |
| SOLEMATES   | 31,534                    |                 |                                     |
| LBCM REGISTRATIONS  | 20,875                    |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
|   |                           |                 |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25)  | 52,409                    |                 |                                     |

| Par    | t XI Reconciliation of C  | hange in Net Assets from Forr   | <u>n 990 to Financial State</u> | ments                     |     |
|--------|---|---|---------------------------------|---------------------------|-----|
| 1      | Total revenue (Form 990, Part                                   |   |                                 | 1                         |     |
| 2      | Total expenses (Form 990, Par                                   | t IX, column (A), line 25)  |                                 | 2                         |     |
| 3      | Excess or (deficit) for the year                                | Subtract line 2 from line 1   |                                 | 3                         |     |
| 4      | Net unrealized gains (losses) o                                 | n investments   |                                 | 4                         |     |
| 5      | Donated services and use of fa                                  | cilities  |                                 | 5                         |     |
| 6      | Investment expenses   |   |                                 | 6                         |     |
| 7      | Prior period adjustments  |   |                                 | 7                         |     |
| 8      | Other (Describe in Part XIV)                                    |   |                                 | 8                         |     |
| 9      | Total adjustments (net) Add lir                                 | nes 4 - 8   |                                 | 9                         |     |
| 10     | Excess or (deficit) for the year                                | per financial statements Combine lines  | s 3 and 9                       | 10                        |     |
| Part   |   | evenue per Audited Financial  |                                 | ue per Return             |     |
| 1      | Total revenue, gains, and othe                                  | r support per audited financial stateme   | nts                             | 1                         |     |
| 2      | Amounts included on line 1 bu                                   | it not on Form 990, Part VIII, line 12  |                                 |                           |     |
| а      | Net unrealized gains on invest                                  | ments   | . 2a                            |                           |     |
| b      | Donated services and use of fa                                  | acılıtıes   | . 2b                            |                           |     |
| c      | Recoveries of prior year grants                                 | s   | . 2c                            |                           |     |
| d      | Other (Describe in Part XIV)                                    |   | . 2d                            |                           |     |
| e      | Add lines <b>2a</b> through <b>2d</b> .                         |   |                                 | . 2e                      |     |
| 3      | Subtract line ${f 2e}$ from line ${f 1}$ .                      |   |                                 | . 3                       |     |
| 4      | Amounts included on Form 99                                     | 0, Part VIII, line 12, but not on line 1  |                                 |                           |     |
| а      | Investment expenses not incl                                    | uded on Form 990, Part VIII, line 7b  | . 4a                            |                           |     |
| b      | Other (Describe in Part XIV)                                    |   | 4b                              |                           |     |
| c      | Add lines <b>4a</b> and <b>4b</b>                               |   |                                 | . 4c                      |     |
| 5      |   | d <b>4c.</b> (This should equal Form 990, Par   |                                 |                           |     |
|        |   | xpenses per Audited Financia  |                                 |                           |     |
| 1      |   | r audited financial statements  |                                 | . 1                       |     |
| 2      |   | it not on Form 990, Part IX, line 25  | 1 - 1                           |                           |     |
| а      |   | acılıtıes   |                                 |                           |     |
| b      |   |   | 2b                              |                           |     |
| с      |   | , Part IX, line 25  | 2c                              |                           |     |
| d      | Other (Describe in Part XIV)                                    |   | . 2d                            | <b></b>   <u> </u>        |     |
| e<br>~ | Add lines 2a through 2d   |   |                                 | . 2e                      |     |
| 3      | Subtract line 2e from line 1 .                                  |   |                                 | . 3                       |     |
| 4      |   | 0, Part IX, line 25, but not on line 1:   | 4-                              |                           |     |
| a<br>L |   | uded on Form 990, Part VIII, line 7b  |                                 | <del> </del>              |     |
| b      | Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b> |   | . 4b                            | 4c                        |     |
| с<br>5 |   | nd <b>4c.</b> (This should equal Form 990, Pa   | rt I line 10 \                  | . 5                       |     |
|        | t XIV Supplemental Inf  |   | nt 1, iiiie 16 )                | .   3                     |     |
| Com    | plete this part to provide the des                              | scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI |                                 | 4, Part XIV, lines 1b and | 2b, |
|        | Ident if ier  | Return Reference  | Ехр                             | lanat ion                 |     |
|        |   |   |                                 |                           |     |
|        |   |   |                                 |                           |     |
|        |   |   |                                 |                           |     |
|        |   |   |                                 |                           |     |
|        |   |   |                                 |                           |     |

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

|   | internal revenue cervice |                               |                            |          |                           |                          | Inspection           |  |
|---|--------------------------|-------------------------------|----------------------------|----------|---------------------------|--------------------------|----------------------|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply  a  |                          |                               |                            |          |                           | Employer ider            | tification number    |  |
| Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations  2a 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 activities?  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 Form 990-EZ filers are not required to complete this table  (ii) Name of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (or retained by) fundraiser listed in col (i) organization  | GIRLS ON THE RUN INTE    | ERNATIONAL                    |                            |          |                           |                          |                      |  |
| Indicate whether the organization raised funds through any of the following activities. Check all that apply    Mail solicitations  |                          |                               |                            |          |                           |                          |                      |  |
| a   Mail solicitations   e   Solicitation of non-government grants   f   Solicitation of government grants   f   Solicitation of government grants   g   Special fundraising events    2a  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 activities?   Yes   The solicitation of non-government grants   F   Solicitation of non-government grants   F   Solicitation of government grants   F   Solicitation of government grants   F   Solicitation of non-government grants   F   Solicitation of government grants   F   Solicitation   F | Part I Fundraisin        | <b>g Activities.</b> Complete | e if the or                | ganızat  | ion answered "Yes" i      | to Form 990, Part IV     | , line 17.           |  |
| a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations  2a 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 activities?  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 Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts (or retained by) fundraiser listed in col (i)   | 1 Indicate whether the   | organization raised funds     | through an                 | v of the | following activities. Che | eck all that apply       |                      |  |
| b   Email solicitations   f   Solicitation of government grants   Special fundraising events    2a  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 activities?   Yes    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 Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)   (ii) Did fundraiser have custody or control of contributions?   (iv) Gross receipts from activity   (v) A mount paid to (or retained by) organization organization  |                          | •                             | <b>3</b>                   | ,        |                           |                          |                      |  |
| phone solicitations  In-person solicitations  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 activities?  Phone solicitations  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 activities?  Pes  Ves  (i) Yes  (ii) Name of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser listed in col (i)  (vi) A mount paid to (or retained by) fundraiser listed in col (ii)   |                          |                               |                            |          |                           |                          |                      |  |
| 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 activities?  The set of 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 Form 990-EZ filers are not required to complete this table  (ii) Name of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (or retained by) fundraiser listed in col (i) or ganization  | _ <u>_</u>               |                               |                            |          | <u> </u>                  | •                        |                      |  |
| 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 activities?  The set of 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. Form 990-EZ filers are not required to complete this table.  (ii) Name of individual or entity (fundraiser)  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser listed in col (i)  (vi) A mount paid to (or retained by) organization   |                          |                               |                            |          | g , opecial failural      | omy events               |                      |  |
| or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes  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 Form 990-EZ filers are not required to complete this table  (ii) Name of individual or entity (fundraiser)  (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser listed in contributions?  (vi) A mount paid to (or retained by) fundraiser listed in organization   | a , in person somers     | 41.011.0                      |                            |          |                           |                          |                      |  |
| (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser listed in col (i)  (vi) A mount paid to (or retained by) fundraiser listed in organization   | or key employees lis     | ted in Form 990, Part VII     | ) or entity i              | n connec | ction with professional f | fundraising activities?  |                      |  |
| (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col (i)   | to be compensated a      | at least \$5,000 by the orga  | anization F                | orm 990  | )-EZ filers are not requi | red to complete this tal | ole                  |  |
| (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (or retained by) fundraiser listed in contributions?  (or retained by) fundraiser listed in contributions?   |                          |                               | fundraiser have custody or |          | ` '                       | (or retained by)         |                      |  |
| or entity (fundraiser)  (II) Activity  control of from activity  fundraiser listed in organization  | (:) Name of males design | .1                            |                            |          |                           |                          | (vi) A mount paid to |  |
| contributions? col (i) organization   | • •                      |                               |                            |          |                           |                          | (or retained by)     |  |
|   | or office, (ramaralous)  | ′                             |                            |          |                           |                          | organization         |  |
|   |                          |                               | Yes                        | No       | 1                         | , ,                      |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |
| Total •   | Total                    | •                             |                            | <b></b>  |                           |                          |                      |  |
|   |                          |                               |                            |          |                           |                          |                      |  |

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

| Pai         | rt II | Fundraising Events. Comp<br>more than \$15,000 on Form  | plete if the organization<br>990-EZ, line 6a. List o | on answered "Yes" to<br>events with gross rec               | Form 990, Part IV, line<br>eipts greater than \$5,0 | e 18, or<br>000.                      | report             | ted                     |
|-------------|-------|---|--|---|---|---------------------------------------|--------------------|-------------------------|
|             |       | · ·   | (a) Event #1   | ( <b>b</b> ) Event #2                                       | (c) O ther Events                                   | <b>(d)</b> ⊤o                         | tal Eve            |                         |
|             |       |   | SOLE MATES FUNDRAISER (event type)                   | GIRLS ROCK EVENT (event type)                               | (total number)                                      | (Add col<br>co                        | (a) th<br>I (c))   | rough                   |
| ₽           | 1     | Gross receipts  | 119,234  | 30,855  | 68,124  |                                       | 21                 | 8,213                   |
| Revenue     | 2     | Less Charitable<br>contributions  |  |   | 761   |                                       |                    | 761                     |
|             | 3     | Gross revenue (line 1 minus line 2)   | 119,234  | 30,855  | 67,363  |                                       | 21                 | 7,452                   |
|             | 4     | Cash Prizes   |  |   |   |                                       |                    |                         |
| Ses         | 5     | Non-cash Prizes   |  |   |   |                                       |                    |                         |
| Expenses    | 6     | Rent/Facility costs   |  |   |   |                                       |                    |                         |
| ă<br>ĸ      | 7     | Other direct expenses   |  | 8,207   | 53,312  |                                       | 6:                 | 1,519                   |
| Direct      | 8     | Direct expense summary Add line   | es 4 through 7 in column                             | (d)   |   |                                       | 6                  | 1,519                   |
|             | 9     | Net income summary Combine lir  | nes 3 and 8 in column (d)                            |   | •   |                                       | 15                 | 5,933                   |
| Par         | t II  | <b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin                                |  | 'Yes" to Form 990, Pa                                       | ırt IV, line 19, or repoi                           | ted mor                               | e thar             | 1                       |
| Revenue     |       |   | <b>(a)</b> Bingo                                     | ( <b>b)</b> Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) O ther gaming                                   | <b>(d)</b> Total<br>col <b>(a)</b> th | gaming<br>rough co | (Add<br>ol <b>(c)</b> ) |
| ш.          | 1     | Gross revenue   |  |   |   |                                       |                    |                         |
|             | 2     | Cash prizes   |  |   |   |                                       |                    |                         |
| Expenses    | 3     | Non-cash prizes   |  |   |   |                                       |                    |                         |
| Direct B    | 4     | Rent/facility costs   |  |   |   |                                       |                    |                         |
| ă           | 5     | Other direct expenses   |  |   |   |                                       |                    |                         |
|             | 6     | Volunteer labor   | ┌ Yes  | ┌ Yes <u>%</u> No   | Yes   |                                       |                    |                         |
|             | 7     | Direct expense summary Add lines  | s 2 through 5 in column (                            | d)  |   |                                       |                    |                         |
|             | 8     | Net gaming income summary Com   | bine lines 1 and 7 in colu                           | mn (d)  | 🕨   |                                       |                    |                         |
| 9<br>a<br>b | Is t  | er the state(s) in which the organiza<br>the organization licensed to operate<br>No," Explain |  | <u></u>   |   | · 9a                                  | Yes                | No                      |
| 10a<br>b    |       | re any of the organization's gaming li<br>Yes," Explain                                       | icenses revoked, suspen                              | ded or terminated during                                    | the tax year?                                       | 10a                                   |                    |                         |
| 11          |       | es the organization operate gaming a  |  |   |   |                                       |                    |                         |
| 12          |       | the organization a grantor, beneficiar<br>ned to administer charitable gaming                 |  | · ·   |   |                                       |                    |                         |

|     |   |     | <br><del></del> |
|-----|---|-----|-----------------|
| 13  | Indicate the percentage of gaming activity operated in  |     |                 |
| а   | The organization's facility   |     |                 |
| b   | An outside facility   |     |                 |
| 14  | Provide 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?  | 15a |                 |
| Ь   | If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$              |     |                 |
| c   | If "Yes," enter name and address  |     |                 |
|     | Name •  |     |                 |
|     | Address 🟲   |     |                 |
| 16  | Gaming manager information  |     |                 |
|     | Name 🟲  |     |                 |
|     | Gaming manager compensation 🕨 \$  |     |                 |
|     | Description of services provided 🟲  |     |                 |
|     | Director/officer Employee Independent contractor  |     |                 |
| 17  | Mandatory distributions   |     |                 |
| а   | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  | 17a |                 |
| b   | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲 |     |                 |

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DLN: 93493137001220

OMB No 1545-0047

2008

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

| Department of the Treasury<br>Internal Revenue Service | Complete   | e if the organization ans                       | swered "Yes," on Form 99     | 90, Part IV, lines 21 or                  | 22. Attach to Form 990.                                     |  | Open to Public<br>Inspection          |
|--|--|---|------------------------------|---|---|--|---------------------------------------|
| Name of the organization                               |  |   |                              |   |   | Employer identif                       |                                       |
| GIRLS ON THE RUN INT                                   | ERNATIONAL   |   |                              |   |   | 56-2201835                             |                                       |
| Part I General II                                      | nformation on Gra                                  | nts and Assistanc                               | e                            |   |   |  |                                       |
| the selection criteri  Describe in Part IV             | a used to award the gra<br>the organization's proc | ints or assistance?<br>edures for monitoring th |                              | he United States                          | tes. Complete if the o                                      |  |                                       |
| Form 990,  <br>Part IV and                             | Part IV, line 21 for a<br>I Schedule I-1 if add    | ny recipient that rec<br>itional space is       | eived more than \$5,0        | 00. Check this box                        | of no one recipient rec                                     | eived more than \$5,0                  |                                       |
| 1(a) Name and address<br>organization<br>or government | s of (b) EIN                                       | (c) IRC section if applicable                   | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| See Additional Data Tab                                | ole  |   |                              |   |   |  |                                       |
|  |  |   |                              |   |   |  |                                       |
|  |  |   |                              |   |   |  |                                       |
|  |  |   | _                            |   |   |  |                                       |
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|  |  |   |                              |   |   |  |                                       |
|  |  |   |                              |   |   |  |                                       |
|  |  |   |                              |   |   |  |                                       |
|  |  |   |                              |   |   |  |                                       |
|  | of section 501(c)(3) an                            |   |                              |   | •   |  | 23                                    |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line | e 22. |
|----------|---|-------|
|          | Use Schedule I-1 (Form 990) if additional space is needed.  |       |

| (a)Type of grant or assistance | ( <b>b)</b> Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e) Method of valuation<br>(book, FMV, appraisal,<br>other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------------|
| SCHOLARSHIPS - FEE REDUCTIONS  | 476                              | 70,483                              |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| Ident if ier                                  | Return Reference | Explanation   |
|---|------------------|---|
| Procedure for Monitoring<br>Grants in the U S |                  | Schedule I, Part I, Line 2 GIRLS ON THE RUN INTERNATIONAL RECEIVED FUNDING FROM THE NEW BALANCE FOUNDATION TO DISTRIBUTE TO OTHER GIRLS ON THE RUN COUNCILS WITHIN THE UNITED STATES THE ORGANIZATION RECEIVED APPLICATIONS FROM VARIOUS COUNCILS AND THE DISTRIBUTION OF FUNDS WERE BASED ON THE SELECTION OF AN OUTSIDE COMMITTEE GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A WRITTEN FOLLOW UP AT 6 MONTHS AND 12 MONTHS AFTER THE GRANT HAS BEEN AWARDED THE FOLLOW-UP REPORTS ASK SPECIFIC QUESTIONS AS TO HOW THE FUNDS WERE UTILIZED AND THE SUCCESSES OF RECEIVING THE FUNDING THE REPORTS ARE PROVIDED TO THE NEW BALANCE FOUNDATION FOR FEEDBACK |
|   |                  |   |
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Software ID: Software Version:

**EIN:** 56-2201835

Name: GIRLS ON THE RUN INTERNATIONAL

| Form 990,Schedule I, Pai   | rt II, Grants a | and Other Assistan                    | ce to Government             | s and Organizatio                         | ons in the United St  | tates     |  |
|--|-----------------|---------------------------------------|------------------------------|---|---|-----------|--|
| (a) Name and address of<br>organization<br>or government   | (b) EIN         | (c) IRC Code section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | , · · · · | (h) Purpose of grant<br>or assistance  |
| GIRLS ON THE RUN OF<br>CATAWBA COUNTY4445<br>3RD ST LN NW<br>HICKORY,NC 28601                                    | 56-0928743      | 501(C)(3)                             | 7,500                        |   | N/A   | N/A       | SCHOLARSHIPS FOR<br>GIRLS ON THE RUN<br>PROGRAM IN<br>CATAWBA COUNTY,<br>NC              |
| GIRLS ON THE RUN OF SE<br>MICHIGANPO BOX 995<br>ANN ARBOR, MI 48106  | 38-3635841      | 501(C)(3)                             | 7,500                        |   | N/A   | N/A       | SCHOLARSHIPS FOR<br>GIRLS ON THE RUN<br>PROGRAM IN<br>SOUTHEASTERN<br>MICHIGAN           |
| GIRLS ON THE RUN OF LOS<br>ANGELES - CA556 S FAIR<br>OAKS AVENUE 101-307<br>PASADENA, CA 91105                   | 20-5115367      | 501(C)(3)                             | 7,500                        |   | N/A   | N/A       | CAPACITY BUILDING<br>GRANT TO EXPAND<br>COUNCIL IN LOS<br>ANGELES COUNTY                 |
| GIRLS ON THE RUN OF OTTAWA & ALLEGAN COUNTY - CENTER FOR WOMEN IN TRANSITIO411 BUTTERNUT DRIVE HOLLAND, MI 49424 | 38-2181204      | 501(C)(3)                             | 7,500                        |   | N/A   | N/A       | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN OTTAWA & ALLEGAN COUNTIES IN MICHIGAN       |
| GIRLS ON THE RUN OF PITTSBURGH - MAGEE WOMEN'S HOSPITAL3339 WARD STREET PITTSBURGH,PA 15213                      | 25-0965420      | 501(C)(3)                             | 7,500                        |   | N/A   | N/A       | CAPACITY BUILDING<br>GRANT TO EXPAND<br>COUNCIL IN<br>PITTSBURGH AND<br>SURROUNDING AREA |
| GIRLS ON THE RUN OF ST<br>LOUIS702 DEMUN APT A<br>ST LOUIS,MO 63105  | 26-0059677      | 501(C)(3)                             | 3,866                        |   | N/A   | N/A       | SCHOLARSHIPS FOR<br>GIRLS ON THE RUN<br>PROGRAM IN ST<br>LOUIS, MO                       |
| GIRLS ON THE RUN OF<br>CENTRAL NEW YORKPO<br>BOX 118<br>FLY CREEK,NY 13337                                       | 36-4528160      | 501(C)(3)                             | 3,866                        |   | N/A   | N/A       | SCHOLARSHIPS FOR<br>GIRLS ON THE RUN<br>PROGRAM IN<br>OTESEGO COUNTY,<br>NY              |
| GIRLS ON THE RUN OF<br>SPARTANBURG COUNTYPO<br>BOX 6728<br>SPARTANBURG,SC 29304                                  | 57-6000401      | 501(C)(3)                             | 2,500                        |   | N/A   | N/A       | SCHOLARSHIPS FOR<br>GIRLS ON THE RUN<br>PROGRAM IN<br>SPARTANBURG<br>COUNTY, SC          |
| GIRLS ON THE RUN OF<br>NASHVILLEPO BOX 50175<br>NASHVILLE,TN 37205   | 71-1029179      | 501(C)(3)                             | 3,866                        |   | N/A   | N/A       | SCHOLARSHIPS FOR<br>GIRLS ON THE RUN<br>PROGRAM IN<br>NASHVILLE, TN                      |
| GIRLS ON THE RUN OF<br>GREATER LYNCHBURG922<br>MAIN STREET STE 1<br>LYNCHBURG,VA 24504                           | 26-2858200      | 501(C)(3)                             | 3,569                        |   | N/A   | N/A       | SCHOLARSHIPS FOR<br>GIRLS ON THE RUN<br>PROGRAM IN<br>GREATER<br>LYNCHBURG, VA           |

| Form 990,Schedule I,  | Part II, Gran | ts and Other Ass                         | sistance to Gov              | ernments and C                            | rganizations in   | the United State                             | s  |
|---|---------------|--|------------------------------|---|---|--|--|
| (a) Name and address of organization or government  | (b) EIN       | (c) IRC Code<br>section<br>if applicable | (d) A mount of<br>cash grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash<br>assistance | (h) Purpose of grant<br>or assistance  |
| GIRLS ON THE RUN OF<br>DANE COUNTYPO BOX<br>5563<br>MADISON, WI 53705   | 11-3732108    | 501(C)(3)                                | 5,263                        |   | N/A   | N/A  | SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAM AND CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN DANE COUNTY, WI       |
| GIRLS ON THE RUN OF<br>NORTHERN ARIZONA<br>855 E DAVID DRIVE<br>FLAGSTAFF, AZ 86001                             | 26-2957120    | 501(C)(3)                                | 5,136                        |   | N/A   | N/A  | SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAM AND CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN COCONINO COUNTY, AZ   |
| GIRLS ON THE RUN OF<br>COASTAL CAROLINAS<br>2710 MARKET STREET<br>WILMINGTON, NC<br>28403                       | 56-0532317    | 501(C)(3)                                | 2,974                        |   | N/A   | N/A  | SCHOLARSHIPS<br>FOR GIRLS ON THE<br>RUN PROGRAM IN<br>WILMINGTON, NC   |
| GIRLS ON THE RUN OF<br>GREATER MILWAUKEE<br>223 PARKCREST DRIVE<br>THIENSVILLE, WI<br>53092                     | 26-0403812    | 501(C)(3)                                | 5,346                        |   | N/A   | N/A  | SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAM AND CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN GREATER MILWAUKEE, WI |
| GIRLS ON THE RUN OF<br>GREATER CHESAPEAKE<br>PO BOX 4596<br>ANNAPOLIS,MD 21403                                  | 20-3391180    | 501(C)(3)                                | 2,974                        |   | N/A   | N/A  | SCHOLARSHIPS<br>FOR GIRLS ON THE<br>RUN PROGRAM IN<br>ANNAPOLIS, MD  |
| GIRLS ON THE RUN OF<br>DESCHUTESPO BOX 422<br>BEND,OR 97709   | 26-1395568    | 501(C)(3)                                | 5,000                        |   | N/A   | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN DESCHUTES COUNTY, OR  |
| GIRLS ON THE RUN OF<br>NE TENNESSEEPO BOX<br>5622<br>JOHNSON CITY,TN<br>37602                                   | 20-8559320    | 501(C)(3)                                | 2,372                        |   | N/A   | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN NORTHEAST TENNESSEE   |
| GIRLS ON THE RUN OF<br>WESTERN NORTH<br>CAROLINA 50 SOUTH<br>FRENCH BROAD AVE<br>STE 249<br>ASHEVILLE, NC 28801 | 35-2177794    | 501(C)(3)                                | 2,372                        |   | N/A   | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN WESTERN NORTH CAROLINA  |
| GIRLS ON THE RUN OF<br>ATLANTA 5696<br>PEACHTREE PARKWAY<br>STE A<br>NORCROSS, GA 30092                         | 58-2568271    | 501(C)(3)                                | 2,202                        |   | N/A   | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN ATLANTA, GA   |
| GIRLS ON THE RUN OF<br>MCHENRY COUNTY3<br>WEST CRYSTAL LAKE<br>AVE STE 102<br>CRYSTAL LAKE,IL<br>60014          | 26-0294648    | 501(C)(3)                                | 2,202                        |   | N/A   | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN MCHENRY COUNTY, IL  |

| Form 990,Schedule I,   | Part II, Gran | its and Other As                         | sistance to Gov              | ernments and C                            | Organizations in   | the United State                             | es   |
|--|---------------|--|------------------------------|---|--|--|--|
| (a) Name and address of organization or government   | (b) EIN       | (c) IRC Code<br>section<br>if applicable | (d) A mount of<br>cash grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash<br>assistance | (h) Purpose of grant<br>or assistance                                      |
| GIRLS ON THE RUN OF<br>FORSYTH COUNTY4870<br>YORKSHIRE LANE<br>SUWANEE, GA 30024                       | 02-0753430    | 501(C)(3)                                | 2,033                        |   | N/A  | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN FORSYTH COUNTY, GA            |
| GIRLS ON THE RUN OF<br>TRI COUNTY421<br>CRANBORNE CHASE<br>FORT MILL,SC 29708                          | 57-0344121    | 501(C)(3)                                | 1,694                        |   | N/A  | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN TRI COUNTY, SC                |
| GIRLS ON THE RUN OF<br>CENTRAL<br>PENNSYLVANIA REGION<br>435 W 4TH STREET<br>WILLIAMSPORT, PA<br>17701 | 23-1857015    | 501(C)(3)                                | 1,694                        |   | N/A  | N/A  | CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN WILLIAMSPORT, PA              |
| GIRLS ON THE RUN OF<br>BENTON COUNTYPO<br>BOX 97<br>BENTONVILLE, AR<br>72712                           | 71-0713904    | 501(C)(3)                                | 3,569                        |   | N/A  | N/A  | SCHOLARSHIPS<br>FOR GIRLS ON THE<br>RUN PROGRAM IN<br>BENTON COUNTY,<br>AR |
|  |               |  |                              |   |  |  |  |

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization GIRLS ON THE RUN INTERNATIONAL Employer identification number

56-2201835

| ldentifier                               | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990, Part VI,<br>Section A, line 10 |                     | A COPY OF THE FORM 990 WAS PROVIDED TO EACH VOTING BOARD MEMBER ELECTRONICALLY BEFORE THE FILING DATE ALL QUESTIONS FROM BOARD MEMBERS WERE DIRECTED TO THE TREASURER OF THE BOARD THE FORM 990 PREPARER WAS ALSO AVAILABLE FOR QUESTIONS |

| ldentifier                                | Return<br>Reference | Explanation   |
|---|---------------------|---|
| Form 990, Part VI, Section<br>B, line 12c |                     | THE ORGANIZATION REVIEWS BOARD POSITIONS AND EACH BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY |

| ldentifier                               | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990, Part VI,<br>Section B, line 15 |                     | THE ORGANIZATION AND BOARD REVIEWS COMPARABLE POSITIONS BY SIZE, TYPE, AND GEOGRAPHY TO THE MOST RECENT GUIDESTAR SALARY COMPARISONS THE POSITIONS AND SALARIES ARE REVIEWED AND VOTED ON BY THE BOARD ANNUALLY |

| ldentifier                               | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part VI,<br>Section C, line 19 |                     | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANICAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST AND ON THE ORGANIZATION'S WEBSITE |