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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	rthe 2	2009 calendar ye		1-2009 and ending 06-30-201	0				
B Ch	eck if ap	pplicable Please	C Name of organization GIRLS ON THE RUN INTERNATION	DNAL		D Employer Ide	entification number		
- Add	dress cha	ange use IRS label or	Doing Business As			56-220183 E Telephone nu			
Naı	me char	nge print or type. See	1 -						
Inıt	tial retur	n Specific		ıf mail is not delivered to street addre	ss) Room/suite	(704) 376-9			
– Ter	mınated	Instruc- tions.	120 COTTAGE PLACE			G Gross receipts	\$ 2,222,553 		
– _{Am}	ended r	eturn	City or town, state or country, a	and ZIP + 4		1			
— _{Арр}	olication	pending	CHARLOTTE, NC 28207						
		F Na	ame and address of principal o	fficer	H(a) Is th	■ ıs a group returr	n for		
		ELIZA	ABETH KUNZ			ates?	⊤Yes ▽ No		
		I	COTTAGE PLACE RLOTTE, NC 28207		11/1-> 4				
			,			II affiliates includ	ed? Yes No		
r Ta	x-exem	pt status 🔽 5010	(c) (3) ◀ (insert no)	(1) or		o, attach a list up exemption nu			
ı w	ebsit e	:► WWW GIRIS	ONTHERUN ORG		11(6)	.,			
					<u> </u>				
	m of org rt I		ation Trust Association Oth	er 🟲	L Year of fo	ormation 2000 M	State of legal domicile NC		
Ρđ			he organization's mission or n	post significant activities					
	1	•	_	EARLY AGE IN ORDER TO PRI	EVENT THE C	DISPLAY OF AT	-RISK ACTIVITIES IN		
9		THE FUTURE							
Governance									
Ē									
•	2	Check this box	If the organization disconti	nued its operations or disposed	of more than	25% of its net a	assets		
			•	dy (Part VI, line 1a)			;		
න් ආ		_		governing body (Part VI, line 1t			-		
Activities					,,				
XII.			employees (Part V, line 2a)		_				
3			volunteers (estimate if necess		6				
		-	ated business revenue from P	•		·			
	ь	Net unrelated bu	siness taxable income from Fo		7t				
en.					Pric	or Year	Current Year		
	8		nd grants (Part VIII, line 1h)			830,635	1,489,308		
Į.	9	•	e revenue (Part VIII, line 2g)		314,899	353,266			
Reven	10		ome (Part VIII, column (A), lir		-917	12			
_	11		Part VIII, column (A), lines 5		310,953	163,435			
	12			equal Part VIII, column (A), lin	e	1,455,570	2,006,021		
	13		lar amounts paid (Part IX, col	umn (A), lines 1–3)		170,483	424,583		
	14		or for members (Part IX, colu			170,100	0		
	15			fits (Part IX, column (A), lines 5	5-				
8	15	10)	compensation, employee bene	ints (Fart IX, Column (A), inles .	,-	595,901 702,			
<u>8</u>	16a	Professional fur	ndraising fees (Part IX, columr	ı (A), lıne 11e)		3,592	0		
Expenses	ь	Total fundraising ex	penses (Part IX, column (D), line 25) ► 89,805					
Ш	17		(Part IX, column (A), lines 1:		527,393	541,126			
	18			l Part IX, column (A), line 25)		1,297,369	1,668,632		
	19		xpenses Subtract line 18 from			158,201	337,389		
ኤ જ ው					Beginnin	g of Current	·		
Net Assets or Fund Balances					_	rear	End of Year		
35.4E B.35.4E	20	Total assets (P	art X, line 16)			849,831	1,246,445		
2 E	21	Total liabilities	(Part X, line 26)			149,608	309,831		
ZΞ	22	Net assets or fu	ınd balances Subtract line 21	from line 20		700,223	936,614		
Pai	rt II	Signature B	lock						
				ed this return, including accompanying of preparer (other than officer) is base					
		and belief, it is tide	, correct, and complete Declaration	or preparer (other than officer) is base	u on an illioilliat	ion or which prepare	er has any knowledge		
Sign	1	*****			2011-	-05-11			
Here		Signature of off	cer		Date				
		L ELIZABETH KUN	Z PRESIDENT						
		Type or print na							
		Preparer's L		Date	Check If	Preparer's identif	Tying number		
Paid		signature Mich	ael Rauchwarg		self- empolyed •	(see instructions			
	arer's	Firm's name /arver	ırs L DIXON HUGHES GOODMAN LLI		emporyeu F				
Use (Firm's name (or you if self-employed),	P	-		EIN 🕨			
J 3 C (Jiiiy	address, and ZIP +	4 500 Ridgefield Court			Discussion 1	20) 254 2254		
			Asheville, NC 28806			Phone no 🕨 (8	28) 254-2254 		
Mav	the IRS	5 discuss this ret	urn with the preparer shown al	nove? (see instructions)			▼Yes 「No		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

GIRLS ON THE RUN INTERNATIONAL'S MISSION IS TO EDUCATE AND PREPARE GIRLS FOR A LIFE TIME OF SELF-RESPECT AND HEALTHY LIVING

2	Did the organization unde the prior Form 990 or 990		program services during t	the year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	ew services on Sche	dule O		
3	Did the organization ceases services?	-·	e sıgnıfıcant changes ın h	ow it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule	0		
4		1(c)(4) organization	s and section 4947(a)(1)	's three largest program services trusts are required to report the a rogram service reported	
4a	(Code) (Expenses \$	1,102,124 including grants	of \$ 424,583) (Revenue	\$ 512,256)
	A RESOURCE FOR ITS 170 CO DELIVER THE GIRLS ON THE R TO ADAPT TO THE EVER CHAN INTO THREE DISTINCT SECTION	OUNCILS THROUGHOUT NO RUN CURRICULA THIS CU IGING TIMES, IS A 12-WE DNS THAT BUILD UPON EA	ORTH AMERICA, GIRLS ON THE IRRICULUM, WHICH HAS BEEN I EK, 24 LESSON PROGRAM AND ICH OTHER, SELF, TEAM AND C	D PREPARING GIRLS FOR A LIFETIME OF RUN INTERNATIONAL CONTINUES TO SURECENTLY UPDATED TO REFLECT CHANG TRAINING PLAN THAT CULMINATES IN A OMMUNITY AND ADDRESS TOPICS SUCH ON THE RUN SERVICED APPROXIMATELY	PPORT AND TRAIN COUNCILS TO SES IN ADOLESCENT BEHAVIORS AND 5K EVENT THE CURRICULA IS SPLIT AS HEALTHY EATING, GOSSIP, SELF-
4b	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants (of \$) (Revenue \$)
	-				
4d	Other program services	(Describe in Schedu	le O)		
	(Expenses \$	•	ng grants of \$) (Revenue \$)
4e	Total program service ex	rpenses►\$	1,102,124		

Part IV	Checklist o	f Reauired	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		N o
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 similar funds or 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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	Į	ļ	
13	Is the organization a school 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 United States?	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 United States? 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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 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
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2009)					Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
		1a	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?			1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	16			
b	If at least one is reported on line 2a, did the organization file all required federal em Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	-	•	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a		No

120 COTTAGE PLACE CHARLOTTE, NC 28207

(704) 376-9817

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

Se	ection A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body 1a 7	-l					
ь	Enter the number of voting members that are independent 1b 7	-					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
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? .	. 3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		Νo			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)		Yes	No			
102	Does the organization have local chapters, branches, or affiliates?	10a	103	No			
	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?						
11							
11A	L1A Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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		163				
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	V				
	The organization's CEO, Executive Director, or top management official	15a	Yes				
В		15b	res				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo			
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					
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	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 Another's 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	ne orga	nızatıor	n ⊫			
	TERESA M FALZONE	-					

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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 n	ot compens	ate any	curr	ent o	or fo	rmer o	ffice	r, dırector, trustee o	or key employee			
(A) Name and Title	(B) Average hours		tıon ((C) Ion (check all nat apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Institutional inustee Individual trustee or director		++		Officer Institutional Trustee		Highest compensated employee Key employee Officer		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DANA LUCIANI BOARD CHAIR	2 00	х		х				0	0	0		
ROBERT BALES TREASURER	2 00	х		х				0	0	0		
ANDY DINKIN BOARD MEMBER	2 00	х						0	0	0		
SARAH HIRSHLAND BOARD MEMBER	2 00	х						0	0	0		
CHRIS MANN BOARD MEMBER	2 00	х						0	0	0		
JEAN SEQUITE BOARD MEMBER	2 00	х						0	0	0		
SUE GORMAN BOARD MEMBER	4 00	х						0	0	0		
SUZY WINTERS BOARD MEMBER	2 00	х						0	0	0		
AMY COMBS BOARD MEMBER	2 00	х						0	0	0		
MARY BARKER FOUNDER & VISION KEEPER	40 00			х				105,095	0	10,169		
ELIZABETH KUNZ PRESIDENT	50 00			х				91,880	0	8,269		
DEE ANNA CLARKE VICE PRESIDENT, FINANCE	50 00			х				80,522	0	4,533		

For	n 990 (2009)			Page 8
1b	Total	0		22,971
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		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
S	ection 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 Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm 990	(2009)

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Part V	<u> </u>	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514		
#\$ \$	1a	Federated campaigns 1a						
e Ta	ь	Membership dues 1b 511,7	31					
ts, €	C	Fundraising events 1c 16,2	00					
<u>#</u> _#	d	Related organizations 1d	_					
A, E	e	Government grants (contributions) 1e						
ig ig	f	All other contributions, gifts, grants, and similar amounts not included above	//					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g	Noncash contributions included in lines 1a-1f \$						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	1,489,308					
		Business Cod	e					
inue	2a	REGISTRATION & CAMPS 900	099 284,643	284,643				
Program Serwce Revenue	ь	CURRICULUM & TRAINING 900	099 52,717	52,717				
92	c	MATERIALS DISTRIBUTED 900	099 15,906	15,906				
Serv	d							
Ē	e							
<u> </u>	f	All other program service revenue						
<u>*</u>	g	Total. Add lines 2a-2f	353,266					
	3	Investment income (including dividends, interest	12			12		
		and other similar amounts)	12			12		
	4 5	Royalties						
		(ı) Real (ıı) Personal						
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
		(i) Securities (ii) Other						
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	 c	sales expenses Gain or (loss)						
	d	Net gain or (loss)						
4.	8a	Gross income from fundraising						
Other Revenue		events (not including \$16,200						
⊕ >-		of contributions reported on line 1c) See Part IV, line 18						
Ę		a 194,5	951					
the.	ь	Less direct expenses b 190,	506					
Ò	С	Net income or (loss) from fundraising events	4,445			4,445		
	9a	Gross income from gaming activities See Part IV, line 19						
		а						
	ь	Less direct expenses b						
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less						
	104	returns and allowances .						
		a 185,0	16					
	Ь	Less cost of goods sold b 26,000 Net income or (loss) from sales of inventory		158,990				
	С	Miscellaneous Revenue Business Cod	·	130,330				
	11a							
	ь							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See Instructions	F					
] 	in in the state of	2,006,021	512,256	0	4,457		

	990 (2009)				Page 10				
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
		complete columi	ns (B), (C), and (B)	(D).	(D)				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$	106,000	106,000						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	318,583	318,583						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	,	·						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	300,468	202,859	92,602	5,007				
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	276,786	20,078	179,672	77,036				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,354		8,354					
9	Other employee benefits	68,103	909	67,194	_				
10	Payroll taxes	49,212	17,094	26,529	5,589				
11	Fees for services (non-employees)	13,212	17,054	25,323	3,303				
a	Management								
h	Legal	6,680		6,680					
c	Accounting	24,278		24,278					
d	Lobbying	24,276		24,270					
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	4.024	4.024						
g	Other	4,034	4,034						
12	Advertising and promotion	4,614		4,614					
13	Office expenses	85,133	56,155	· · ·	2,173				
14	Information technology	16,011	6,539	9,472					
15	Royalties								
16	Occupancy	69,823	69,823	+ + +					
17	Travel	43,026	43,026						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	11,704	1,617	10,087					
23	Insurance	16,087		16,087					
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	167,262	167,262						
b	SUMMIT EXPENSES	88,145	88,145						
c	BAD DEBT EXPENSE	4,329		4,329					
d									
e									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	1,668,632	1,102,124	476,703	89,805				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	1,000,032	1,102,127	170,703	33,003				
	campaign and fundraising solicitation								

Pa	rt X	Balance Sheet									
				(A) Beginning of year		(B) End of year					
	1	Cash—non-interest-bearing		343,970	1	651,898					
	2	Savings and temporary cash investments		2,000	2	2,013					
	3	Pledges and grants receivable, net		120,000	3						
	4	Accounts receivable, net		335,423	4	557,086					
	5	Receivables from current and former officers, directors, trustees, key highest compensated employees. Complete Part II of									
		Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B). Complete Part II of									
		Schedule L		6							
Assets	7	Notes and loans receivable, net			7						
SS	8	Inventories for sale or use			8						
⋖	9	Prepaid expenses and deferred charges		20,583	9	12,407					
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	42,461 Da								
	b	Less accumulated depreciation	Ов 24,623	22,652	10c	17,838					
	11	Investments—publicly traded securities			11						
	12	Investments—other securities See Part IV, line 11			12						
	13	Investments—program-related See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11	5,203	15	5,203						
	16	Total assets. Add lines 1 through 15 (must equal line 34)		849,831	16	1,246,445					
	17	Accounts payable and accrued expenses .		32,849	17	47,365					
	18	Grants payable			18						
	19	Deferred revenue		64,350	19	129,330					
	20	Tax-exempt bond liabilities			20						
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule D			21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
Lie		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 to unrelated third parties			24						
	25	Other liabilities Complete Part X of Schedule D		52,409	25	133,136					
	26	Total liabilities. Add lines 17 through 25		149,608	26	309,831					
Fund Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete through 29, and lines 33 and 34.	lines 27								
ank	27	Unrestricted net assets			27						
89	28	Temporarily restricted net assets			28						
р	29	Permanently restricted net assets			29						
F		Organizations that do not follow SFAS 117, check here ▶ 🔽 and con	mplet e								
- 		lines 30 through 34.									
	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					
	32	Retained earnings, endowment, accumulated income, or other funds		700,223	32	936,614					
Net	33	Total net assets or fund balances		700,223	33	936,614					
_	34	Total liabilities and net assets/fund balances		849,831	34	1,246,445					

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	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		Νo
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

GIRLS ON THE RUN INTERNATIONAL

Public Charity Status and Public Support

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

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

Inspection

Employer identification number

56-2201835 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ┌ Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) Name of (ii) supported EIN organization	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		s the Did you notify the organization in Olisted in Col (i) of your Col (i) of your Col (i) organization Col (i) of your Col (ii) organization Col (ii) organization Col (iii) of your		(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No		
-										
-										
Total										

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

Yes

11g(i)

11g(ii)

11g(iii)

No

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 yo	ou checked the	box on line 5,	7, or 8 of Part I	.)			
	ection A. Public Support		1					
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	572,94	18 668,85	1 966,131	830,635	1	1,489,308	4,527,873
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	572,94	18 668,85	966,131	830,635	1	1,489,308	4,527,873
	by each person (other than a governmental unit or publicly supported organization) included o line 1 that exceeds 2% of the amount shown on line 11, column	n						1,409,617
6	(f) Public Support. Subtract line 5 from line 4	n						3,118,256
S	ection B. Total Support		•				•	
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
_	beginning in)	572,948	. ,	966,131	830,635		,489,308	4,527,873
7 8	A mounts from line 4 Gross income from interest,	372,340		900,131	830,033	1	,409,300	4,327,673
•	dividends, payments received on securities loans, rents, royalties and income from similar sources						12	12
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	4,977						4,977
11	Total support (Add lines 7 through 10)							4,532,862
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		2,586,246
13	First Five Years If the Form 990 is check this box and stop here			l, thırd, fourth, or f	ıfth tax year as a	501(c)(3) organız	ration, ▶
<u></u> 14	ection C. Computation of Pul Public Support Percentage for 200			11 column (fi)				607000
15	Public Support Percentage for 200	•		11 Column (1))		14		68 790 %
		•	•	v an line 42!!	ino 14 :- 22 4/201	15	اناممطو	75 240 %
b	33 1/3% support test—2009. If the and stop here. The organization quasis 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test	alifies as a public e organization did n qualifies as a p —2009. If the org	ly supported orga not check the bo ublicly supported anization did not	anization x on line 13 or 16 organization check a box on lin	a, and line 15 is : ie 13, 16a, or 16l	33 1/3% c and line	or more,	► ✓
	is 10% or more, and if the organization me organization me							ed ▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	nızatıon meets th	e "facts and circi	umstances" test, o	heck this box an	d stop h e	ere.	▶ □
18	Private Foundation If the organizations	cion did not check	a box on line 13	, 16a, 16b, 17a oı	r 17b, check this	box and	see	▶

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493131016011

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

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

		56-2201835	
Organizations Maintaining Donor organization answered "Yes" to Form	r Advised Funds or Other Similar	Funds or Acco	ints. Complete if th
organization answered fes to form	(a) Donor advised funds	(b) Funds a	and other accounts
otal number at end of year	(4, 2 5.15, 22.15, 24.15	(5) 1 111115	
ggregate contributions to (during year)			
ggregate grants from (during year)			
ggregate value at end of year			
old the organization inform all donors and donor a	-	onor advised	
unds are the organization's property, subject to	-		☐ Yes ☐ No
old the organization inform all grantees, donors, sed only for charitable purposes and not for the onferring impermissible private benefit		•	┌ Yes ┌ No
Conservation Easements. Comple	ete if the organization answered "Yes"	to Form 990, Pa	rt IV, line 7.
urpose(s) of conservation easements held by the Preservation of land for public use (e g , recreservation of natural habitat Preservation of open space	eation or pleasure) Preservation of Preservation of	an historically impo a certified historic s	structure
omplete lines 2a-2d if the organization held a casement on the last day of the tax year	ualified conservation contribution in the fo	m of a conservatio	n
		Held at	the End of the Year
otal number of conservation easements		2a	
otal acreage restricted by conservation easeme		2b	
umber of conservation easements on a certified	l historic structure included in (a)	2c	
umber of conservation easements included in (c) acquired after 8/17/06	2d	
umber of conservation easements modified, tra he taxable year 🛌	nsferred, released, extinguished, or termina	ted by the organiza	ition during
umber of states where property subject to cons	ervation easement is located ►		
oes the organization have a written policy regain nforcement of the conservation easements it ho		ndling of violations	, and Yes No
taff and volunteer hours devoted to monitoring,	inspecting and enforcing conservation ease	ements during the y	ear ►
mount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easemei	nts during the year	► \$
oes each conservation easement reported on li 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of s	ection	ΓYes ΓN
n Part XIV, describe how the organization report alance sheet, and include, if applicable, the text he organization's accounting for conservation ea	of the footnote to the organization's financ		
Organizations Maintaining Collect Complete if the organization answer	ctions of Art, Historical Treasures ed "Yes" to Form 990, Part IV, line 8.	, or Other Simi	lar Assets.
f the organization elected, as permitted under S rt, historical treasures, or other similar assets l rovide, in Part XIV, the text of the footnote to it	neld for public exhibition, education or resea	arch in furtherance	
f the organization elected, as permitted under S istorical treasures, or other similar assets held rovide the following amounts relating to these it	for public exhibition, education, or research		*
i) Revenues included in Form 990, Part VIII, lii	ne 1	► \$_	
ii) Assets included in Form 990, Part X		► \$_	
f the organization received or held works of art, bllowing amounts required to be reported under S			
evenues included in Form 990, Part VIII, line 1		► \$_	
ssets included in Form 990, Part X		► \$	

a r	411 Organizations Maintaining Co	llections of Art	:, His	tori	<u>cal Tre</u>	asur	es, or O	the	r Similar <i>i</i>	<u>Asse</u>	ts (co	ntınued _.
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	at are	a sıgnıfıca	ant us	se of its coll	ection	1	
а	Public exhibition		d	\vdash	Loan or	excha	nge progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ın hov	v the	y further	the or	ganızatıon	ı's ex	empt purpos	e ın		
	During the year, did the organization solicity assets to be sold to raise funds rather than t			,					ılar	Γ.	Yes	┌ No
a i	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form	າ 990	,	
	Part IV, line 9, or reported an ar		•		•							
•	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontributi	ons or	other ass	ets r	iot	Γ.	Yes	┌ No
•	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
										A mou	nt	
:	Beginning balance						-	1c				
	Additions during the year							1d				
:	Distributions during the year							1e				
	Ending balance						L	1f				
	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\	/										
3	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	rear	(c) Two	Years Back	(d)1	hree Years Bad	:k (e)	Four Ye	ears Bac
	Beginning of year balance							+		-		
	Contributions							1				
	Investment earnings or losses							 				
	Grants or scholarships							<u> </u>				
	Other expenditures for facilities and programs											
	Administrative expenses											
ı	End of year balance									+		
	Provide the estimated percentage of the year	r end halance held :						<u> </u>				
	Board designated or quasi-endowment											
	•											
	Permanent endowment 🕨											
	Term endowment ► Are there endowment funds not in the posse	aaran af tha araania	-t t	-ba+ -	ra baldı		m.n.atara	d for	th a			
	organization by	ssion of the organiz	ationi	liial c	ire neid a	anu au	iiiiiistere	u 101	ille		Yes	No
	(i) unrelated organizations								3	Ba(i)		
	(ii) related organizations								3	a(ii)		
1	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?					3b		
	Describe in Part XIV the intended uses of th											
I	t VI Investments—Land, Building	s, and Equipme	<u>nt. S</u>	ee F	orm 99	<u>0, Par</u>	t X, line	10.			I	
	Description of investment				a) Cost or sıs (ınvest		(b) Cost or basis (oth		(c) Accumul depreciati		(d) Bo	ook valu
	Land											
ı	Buildings											
	Leasehold improvements		•									
İ	Equipment						3	5,368	Ž	20,510		14,85
2	Other							7,093		4,113		2,98

17,838

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
(, , , , , , , , , , , , , , , , , , ,		12
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) 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, III	ne 15.	
(-,,	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. Otton	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. Otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. Otion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. Otion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SOLEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SOLEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SOLEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SO LEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SOLEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SOLEMATES	ne 15. Otion (5.) (, line 25. (b) A mount	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part 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) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493131016011

OMB No. 1545-0047

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

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

56-2201835

1	Indicate whether the orga	nızatıon raısed funds	through a	any of the	follo	wing activities Ch	eck all that apply	
а	Mail solicitations			e	Г	Solicitation of noi	n-government grants	
b	Internet and e-mail s	olicitations		f	Г	Solicitation of gov	vernment grants	
c	Phone solicitations			g	Г	Special fundraisir	ng events	
d	☐ In-person solicitation	s						
2a b	Did the organization have or key employees listed in If "Yes," list the ten highe to be compensated at lea	n Form 990, Part VII est paid individuals o	I) or entity r entities	ın conne (fundraıs e	ctio ers) j	n with professional oursuant to agreem	fundraising activities? ents under which the fui	
	(i) Name of individual or entity (fundraiser) (ii) Activity cu cont		(iii) fundrais custo contribu contribu Yes	er have dy or ol of	(iv	v) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Tota	al		·					
3	List all states in which t licensing	he organization is re	gıstered o	r licensed	d to s	solicit funds or has	been notified it is exem	pt from registration or

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					report	æd
			(a) Event #1 CHARLOTTE 5K (event type)	(b) Event #2 SOLE MATES FUNDRAISER (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col col		
βE	1	Gross receipts	40,155	127,971	36,805		20	4,931
Revenue Direct Expenses Reven	2	Less Charitable contributions	15,800	400			10	6,200
	3	Gross income (line 1 minus line 2)	24,355	127,571	36,805		188	8,731
	4	Cash prizes						
မှာ က	5	Non-cash prizes	13,786	19,340			3	3,126
ense	6	Rent/facility costs	2,912	3,802	3,900		10	0,614
	7	Food and beverages	2,400					2,400
<u>ਹ</u>	8	Entertainment						
Δ	9	Other direct expenses .	1,845	142,521			14	4,366
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌		19	0,506
	11	Net income summary Combine lin	ies 3, column d, and line	10	🟲		-	1,775
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
ses	2	Cash prizes						
фе	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	│ Yes <u>%</u> No	∀es				
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	oine lines 1, column d, ai	nd line 7	<u> ►</u>		T	
9 a b	Ist	er the state(s) in which the organizat the organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, susper	ided or terminated during	the tax year?	10a		
11 12	Is	es the organization operate gaming a the organization a grantor, beneficiar ned to administer charitable gaming?	y or trustee of a trust or	a member of a partnersh	ıp or other entity	11 12 190 or 990-	EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493131016011

OMB No 1545-0047

Employer identification number

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

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

Inspection

GIRLS ON THE RUN INTERNATIONA	N L					56-2201835	
Part I General Informatio	n on Grants and	l Assistance				•	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance?					✓ Yes
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 503 Enter total number of other orga		_				· · · · · •	23

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS - FEE REDUCTIONS	632	78,080		N/A	N/A
SCHOLARSHIPS - RUNNING ESSENTIALS	5166		240,503	FMV	NEW BALANCE RUNNING SHOES, RACE KITS AND INCENTIVES, AND GOODY HAIR PRODUCTS
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring 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

Software ID: Software Version:

EIN: 56-2201835

Name: GIRLS ON THE RUN INTERNATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN OF CATAWBA COUNTY4445 3RD ST LN NW HICKORY,NC 28601	56-0928743	501(C)(3)	2,766		N/A	N/A	CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN CATAWBA COUNTY, NC
GIRLS ON THE RUN OF SE MICHIGAN5320 ELLIOT DRIVE YPSILANTI,MI 48197	38-3635841	501(C)(3)	5,056		N/A	N/A	CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN SOUTHEASTERN MICHIGAN
GIRLS ON THE RUN OF LOS ANGELES - CA556 S FAIR OAKS AVENUE 101-307 PASADENA, CA 91105	20-5115367	501(C)(3)	2,528		N/A	N/A	CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN LOS ANGELES COUNTY
GIRLS ON THE RUN OF OTTAWA & ALLEGANY COUNTY411 BUTTERNUT DRIVE HOLLAND, MI 49424	38-2181204	501(C)(3)	5,532		N/A	N/A	SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAMS IN OTTAWA & ALLEGANY COUNTIES IN MICHIGAN
GIRLS ON THE RUN OF PITTSBURGH - MAGEE WOMEN'S HOSPITAL300 HALKET STREET PITTSBURGH,PA 15213	25-0965420	501(C)(3)	8,060		N/A	N/A	SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAMS AND CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN PITTSBURGH, PA
GIRLS ON THE RUN OF ST LOUIS702 DEMUN APT A ST LOUIS,MO 63105	26-0059677	501(C)(3)	10,588		N/A	N/A	CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN ST LOUIS, MO
GIRLS ON THE RUN OF MANHATTAN315 BLEECKER STREET NEW YORK, NY 10014	27-0131315	501(C)(3)	3,792		N/A	N/A	CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN MANHATTAN, NY
GIRLS ON THE RUN OF NASHVILLEPO BOX 50175 NASHVILLE,TN 37205	71-1029179	501(C)(3)	5,294		N/A	N/A	SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAM AND CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN NASHVILLE, TN
GIRLS ON THE RUN OF DANE COUNTYPO BOX 5563 MADISON, WI 53705	11-3732108	501(C)(3)	4,425		N/A	N/A	SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAM IN DANE COUNTY, WI
GIRLS ON THE RUN OF CHICAGO 1643 N MILWAUKEE CHICAGO,IL 60647	36-4431462	501(C)(3)	5,532		N/A	N/A	SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAM IN CHICAGO, IL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applicable arant cash valuation non-cash assistance orassistance (book, FMV, appraisal, or government assistance other) 57-0344121 GIRLS ON THE RUN OF TRI 501(C)(3) N/A SCHOLARSHIPS FOR COUNTY421 CRANBORNE GIRLS ON THE RUN 2,207 CHASE PROGRAM IN TRI FORT MILL, SC 29708 COUNTY, SC GIRLS ON THE RUN OF 27-0119795 501(C)(3) N/A SCHOLARSHIPS FOR GREATER CINCINNATTI GIRLS ON THE RUN 5,532 3330 ERIE AVE PROGRAM IN CINCINNATTI, OH 45208 GREATER CINCINNATTI, OH 83-0342620 N/A N/A CAPACITY BUILDING GIRLS ON THE RUN OF 501(C)(3) WESTERN COLORADO202 GRANT TO EXPAND 5.056 NORTH AVE 284 COUNCILIN GRAND JUNCTION, CO WESTERN 81501 COLORADO GIRLS ON THE RUN OF 20-0968314 N/A 501(C)(3) N/A CAPACITY BUILDING MARICOPA COUNTY28248 GRANT TO EXPAND 5,056 N TATUM BLVD COUNCILIN CAVE CREEK, AZ 85331 MARICOPA COUNTY, GIRLS ON THE RUN OF 82-0580481 501(C)(3) N/A N/A CAPACITY BUILDING TREASURE VALLEYPO BOX GRANT TO EXPAND 4,719 6812 COUNCIL IN BOISE, BOISE, ID 83707 ID 13-4240766 GIRLS ON THE RUN OF 501(C)(3) N/A N/A CAPACITY BUILDING **BLUFF COUNTYPO BOX 536** GRANT TO EXPAND 4.078 RED WING, MN 55066 COUNCIL IN BLUFF COUNTY, MN 26-1591440 501(C)(3) N/A N/A CAPACITY BUILDING GIRLS ON THE RUN OF SONOMA COUNTYPO BOX GRANT TO EXPAND 5,294 9036 COUNCILIN SANTA ROSA, CA 94505 SONOMA COUNTY, CA GIRLS ON THE RUN OF SAN 20-3588183 501(C)(3) N/A N/A SCHOLARSHIPS FOR DIEGO COUNTYPO BOX GIRLS ON THE RUN 2,711 722693 PROGRAMS IN SAN SAN DIEGO, CA 92172 DIEGO, CA GIRLS ON THE RUN OF 74-3218001 501(C)(3) N/A N/A CAPACITY BUILDING WASHINGTON DC2437 GRANT TO EXPAND 2,528 15TH ST NW COUNCILIN WASHINGTON, DC 20009 WASHINGTON, DC GIRLS ON THE RUN OF NE 16-1695973 501(C)(3) N/A N/A SCHOLARSHIPS FOR FLORIDAPO BOX 5028 GIRLS ON THE RUN 2,489 JACKSONVILLE, FL 32247 **PROGRAMS IN** JACKSONVILLE, FL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 4101 GRANBY STREET NORFOLK,VA 23504	54-1555638	501(C)(3)	2,359		N/A	N/A	CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN NORFOLK, VA
GIRLS ON THE RUN AT SOUTHEASTERN DISTRICT HEALTH1901 ALVIN RICKEN DRIVE POCATELLO,ID 83207	82-6000952	501(C)(3)	2,213		N/A	N/A	SCHOLARSHIPS FOR GIRLS ON THE RUN PROGRAMS IN POCATELLO, ID
GIRLS ON THE RUN OF GREATER KALAMAZOO125 WEST EXCHANGE PLACE KALAMAZOO,MI 49007	38-2873188	501(C)(3)	2,191		N/A	N/A	CAPACITY BUILDING GRANT TO EXPAND COUNCIL IN GREATER KALAMAZOO, MI

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

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

					56-2201835			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermı	ning	
1	Art—Works of art	аррпсавіе						
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	goods							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC,							
11	or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other►(<u>SIGNS</u>)	X	3	20,021	COST			
26	RUNNING		_	184,450	COST			
	Other ► (SHOES)	X	1	· '				
2/	Other ► (RACE KITS) SPORTING	X	1	30,979	031			
28	Other • (GOODS)	×	1	11,000	соѕт			
29	Number of Forms 8283 received							
	for which the organization compl				29			
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	tacceptano	ce policy that requires the	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							.,,
33	If the organization did not report	revenuesi	n column (c) for a type of n	roperty for which column (a) is checked.			
	describe in Part II				,,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 56-2201835

Name: GIRLS ON THE RUN INTERNATIONAL

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131016011

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization

GIRLS ON THE RUN INTERNATIONAL

Employer identification number

56-2201835

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 WAS EXTENSIVELY REVIEWED BY THE BOARD TREASURER AND FINANCE COMMITTEE A COPY OF THE FORM 990 WAS THEN 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 Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REVIEWS BOARD POSITIONS AND EACH BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY DURING THIS REVIEW, EACH BOARD MEMBER'S RESPONSIBILITIES AND ANY POTENTIAL CONFLICTS ARE IDENTIFIED AND ADDRESSED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION AND BOARD OF DIRECTORS REVIEW 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 OF DIRECTORS ANNUALLY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		THE ORGANIZATION MAKES ITS FORM 990 AND FORM 990-T AVAILABLE FOR PUBLIC INSPECTION ON THE ORGANIZATION'S WEBSITE (WWW GIRLSONTHERUN ORG), UPON REQUEST, AND CAN BE ACCESSED THROUGH WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANICAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST