			** PUBLIC DISCLOSURE COPY		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2020
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it m		Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUL 1, 2020 and ending	atest information. g JUN 30, 2021	Inspection
В	Check if applicab	le: C Name of	organization	D Employer identifica	tion number
	Addre	Girl	s on the Run Rhode Island		
	3				
	chang Initial returr		usiness as and street (or P.O. box if mail is not delivered to street address) Room/		
	Final returr		ox 72787	401-541-5	907
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	118,763.
	Amer	PIOV	idence, RI 02907	H(a) Is this a group retu	
	Appli tion pendi		nd address of principal officer: Kasha Hanflik	for subordinates?	
	-	same	as C above	H(b) Are all subordinates inclu	
		empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a lis	
		ite: ▶ N/A	X Corporation Trust Association Other ►	H(c) Group exemption r	
	orm o art I	f organization: Summary	X Corporation Trust Association Other ► L	Year of formation: 2012 M	State of legal domicile: R1
	1	-	e the organization's mission or most significant activities: At Girls	on the Run Rha	de Teland
e	'		ire girls to recognize their inner st		
nan	2		★ ▶ ☐ if the organization discontinued its operations or disposed of r		
Governance	3	Number of vot	3	15	
ŝ	4		ependent voting members of the governing body (Part VI, line 1b)		15
ې د	5		of individuals employed in calendar year 2020 (Part V, line 2a)		4
/itie	6		of volunteers (estimate if necessary)		55
Activities	7 a		business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	94,464.	101,385.
Revenue	9	•	ce revenue (Part VIII, line 2g)	73,104.	13,244.
Bev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	<u> </u>
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,564.	118,618.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	205,504.	0.
	14		e ev feu week eve (Deut IV, eek week (A), lie e (A)	0.	0.
	40	<u> </u>		138,472.	71,622.
Expenses	16a	Professional fu	andraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	0.	0.
per	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) > 24,826.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	53,873.	40,944.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	192,345.	112,566.
	19	Revenue less	expenses. Subtract line 18 from line 12	13,219.	6,052.
Assets or				Beginning of Current Year	End of Year
sets	20	Total assets (F		79,929.	89,033.
Net As	-		(Part X, line 26)	4,515.	7,567.
	22 21		A Block	75,414.	81,466.
	art II			atomanta and to the bast of south	outoday and halist it is
			declare that I have examined this return, including accompanying schedules and st.		iowleage and belief, it is
<u>u ue</u>	, corre		Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	

	- ,							
Sign Here	Signature of officer Kasha Hanflik, Executi Type or print name and title	ve Director		Date				
Paid	Print/Type preparer's name Adam Diaz	Preparer's signature Adam Diaz	Date 11/02	Check if self-employed P	PTIN 01266771			
Preparer	Firm's name 🕨 Aaronson Lavoie	Streitfeld Diaz	& Co. PC	Firm's EIN 🕨 05 –	0495839			
Use Only								
Cranston, RI 02905 Phone no. (401)								
May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
03200112-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form	990 (2020) Girls on the Run 1		45-3061	488 Page 2
Pa	rt III Statement of Program Service Accomplis	hments		
	Check if Schedule O contains a response or note to an	y line in this Part III		X
1	Briefly describe the organization's mission:			
	At Girls on the Run Rhode Islar			
	inner strength and celebrate wh			
	coaches lead small teams throug			
	includes dynamic discussions, a			r the
2	Did the organization undertake any significant program service		Г	
	prior Form 990 or 990-EZ?		L	Yes X No
•	If "Yes," describe these new services on Schedule O.	and the later of the second state	С	Yes X No
3	Did the organization cease conducting, or make significant cl	langes in now it conducts,	, any program services?	Yes 🛆 No
	If "Yes," describe these changes on Schedule O.	a far anab of ita three large	at around a provide a manufact by an	
4	Describe the organization's program service accomplishment Section 501(c)(3) and 501(c)(4) organizations are required to r			-
	revenue, if any, for each program service reported.	eport the amount of grants	s and anocations to others, the total expe	and
4a	70, 000	luding grapts of \$) (Revenue \$	13,244.)
ти	Girls of the Run Rhode Island			
	and confident by using a fun, e			<u> </u>
	creatively integrates running.	<u> </u>		
	<u></u>			
4b	(Code:) (Expenses \$ inc	luding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ inc	luding grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)
4e		622.	, , , , , , , , , , , , , , , , , , , ,	<u>, </u>
				Form 990 (2020)
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Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		16		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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Form 990 (2020)

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 Form 990 (2020)
 Girls on the Run Rhode Island

 Part IV
 Checklist of Required Schedules (continued)

	·		Vee	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
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 lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 23
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
02000.	(gambling) winnings to prize winners?	Eorm	990	l (2020)
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Part U Statements Regarding Other IRS Flings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on From V/G. Transmittai of Wage and Tax Statements, 2 4 4 2b at least one is reported on line 2a, dd be organization file all required fideral employment tax return? 2b X 3a Dd the organization have unside builts or statis may be into a 15 houte on Schedule O 3b X 3b Dd the organization file of Sign 2007 the V to line 2b, provide an exploration on Schedule O 3b X 3a Dd the organization and the organization file of sign county b 4a X 3a Dd the organization and the organization must account securities account, or other financial account? 4a X 3b If Yas, 'near the name of the foreign county b 5a X 5b X 5a If Yas, 'notice that second second account of the organization in the second second account of the organization second secon	Form	990 (2020) Girls on the Run Rhode Island 45-3061	488	Р	age 5
2a Eart the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 4 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X B Def the organization have uncated business goos income of \$1,000 mme during the vertices during the cadmod variant during the vertices variant	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
tied for the calendar year ending with or within the year covered by this return 2a 4 b If all least one is reported on the 2a, dd the organization fiel all required decide all englopend to a-site (see instructions) 2a 3a Dd the organization have unrelated basiness gross incore of 31,000 on more Schedule 0 3a 3b If "Yes," hast field a Form S0047 if This Ny471 ! "No" to line 3b, provide an explanation on Schedule 0 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other nautority over, a financial account in a foringin country year. 3a b If "Yes," netter the name of the foreign country > 5a X b Bort year, have unrelated basiness gross incore of the foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X c If "Yes," note the organization the foreign BBR and Financial Accounts (FBAR). 5a X 6a Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that are portal by aphrohibite in adversa to influe any any receive duductible as charitable contributions? 5a X 7 Organization shall any receive duductible contributions under section \$700(c). 5a X 8 If the organization neal was a dimetable and the promotion section \$700(c). 5a X 9 If "Yes," ridit the organization neal was a dimetable and t				Yes	No
b If at least one is reported on line 2a, did the organization fiel all required decinal exployment to returns? 2b X 3a Did the organization have unmained business gross income of \$1,000 or more during the year? 3a 3a X 3b Thes: This it flied a form 900 T for this year? PMo't to line 3b, provide an explanation on Schedule O 3a X 3b If "Yes." that it flied a form 900 T for this year? PMo't to line 3b, provide an explanation on Schedule O 3a X 3b If "Yes." that it flied a form 900 T for this year? PMo't to line 3b, other and the schedule O 3a X 3c If "Yes." that it flied a form 900 T for this year? Field and the organization have a numal prost provide an explanation on schedule O 3a X 3c Wash ten organization have annual prost exclust that an oromally greater than \$100,000, and did the organization solid any contributions thave annual prost exclust that an oromally greater than \$100,000, and did the organization solid any contributions that ducta to bake than table orbitolitons or grifts were not tax doctactible or anhable party has a cantrable orbitolitons or grifts were not tax doctactible or anhable party as a cantrable orbitolitons or grifts 6a X b If Yes." flid the organization field the year of the value of the good or services provided to the paraitation receive a party thank orbitable personal property for which it yeas required	2a				
Note: If the sum of these 1s and 2s is greater than 250, you may be required to <i>e</i> -fite (see instructions) Image: the organization have unaliated business greas income of \$1,000 or more during the year? Image: the organization have an interest in, or a signature or other authority over, a financial accounts in the organization have an interest in, or a signature or other authority over, a financial accounts for filing requirements		filed for the calendar year ending with or within the year covered by this return 2a 4			
3a Diff the organization have unrelated business gross income of \$1.000 or more during the year? 3a X bill "Yes," has it field a Ferm 990-Tor this year? if "No" to <i>ins 3b, provide an exploration on Schedule O</i> 3b X bill "Yes," has it field a Ferm 990-Tor this year? if "No" to <i>ins 3b, provide an exploration on Schedule O</i> 3b X bill "Yes," return the name of the foreign country, such as a bank account, accurities account, or other financial accounts (FBAP), 5a X 5 Was the organization apart to a prohibid tax shelter transaction at any time during the tax year? 5a X 6 Did any taxable party notify the organization the form 8869-T2 5a X 6 Did any taxable party notify the organization apart is the rorm 880-T2 5a X 6 Did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as obaritable contributions? 6a X 7 Organization that are precise deductible contributions under section 170(c). 0 0 7a X 7 Organization include with every solicitation are express statement that such contributions or gifts were not tax deductible and party as a contribution of accord an area precondical? 7a X 10 The aconititation of accord as a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, * tais If lifed a Form 90-T for this yea? If Yeb * to fine 3b, provide an explanation on Schedule 0 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts for film group country (such as a bark account, securities account, or other financial accounts file FAR). 4a X b If Yes,* enter the name of the foreign country (such as a bark account, securities account, or other financial accounts file FAR). 5a X 5W site organization have many to a prohibited tax shelter transaction at any time during the tax year? 5a X 6D Does the organization have manal gross receipts that are normally greater than \$100,000, and did the organization solid are organization have manal gross receipts that are normally greater than \$100,000, and did the organization solid are organization have and solitation an express statement that such contributions or gifts were not tax deductible? 5a X 7 Organization receive agrituation tere were solitation and explice statement that such contributions or gifts were not tax deductible? 7a X 7 Uf Yes,* (nich the organization have, for how or indive organization selves accounts, explicitly, to pay premuma on a personal benefit contract? 7a X 7 Uf Yes,* (nich the organization selves down of the value of the good are services provided to the payor? 7a X 8		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other funancial account/g over, a funancial account/g over, a bank account, securities account, or other financial account/g. 4a X b if "Yes," enter the name of the foreign country. > X > <th>3a</th> <th>Did the organization have unrelated business gross income of \$1,000 or more during the year?</th> <th>3a</th> <th></th> <th>X</th>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
4a At any time during the calendary year, did the organization have an interest in, or a signature or other funancial account/g over, a funancial account/g over, a bank account, securities account, or other financial account/g. 4a X b if "Yes," enter the name of the foreign country. > X > <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</th> <th>Зb</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
b If "Yes," enter the name of the foreign country ▶ See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a So Was the organization a part to a prohibited tax shelter transaction? 5a X D Id any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? 5c X If "Ves" to ine 5a or 5b, did the organization inform 88867? 5c X Ga Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solid any tax deductible as chartable contributions? 5c X H "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X D Id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X D Id the organization include with every solicitation an express statement that such contributions or gifts due to granization notify the donor of the value of the organization include with every solicitation and partly to groops and services provided? 7a X D Id the organization include with every solicitation are personal benefit contract? 7c X X D Id the organization neaves a contribution of cars, boats, airplanes, or other velicles, did the organization file forem 108827 7a<					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14a X 15 Is the organization and file Form 4720, Schedule N. 15 <t< th=""><th>10</th><th>Section 501(c)(7) organizations. Enter:</th><th></th><th></th><th></th></t<>	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," hai tified a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 14a X f Yes," see instructions and file Form 4720, Schedule N.<	а				
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X					
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Image: Complete Form 4720, Schedule N.			14b		──
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	15				
16 X If "Yes," complete Form 4720, Schedule O. If "Yes," complete Form 4720, Schedule O.			15		
If "Yes," complete Form 4720, Schedule O.					
	16		16		X
		If "Yes," complete Form 4720, Schedule O.		0000	(0.2.5

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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Girls on the Run Rhode Island Nin ologi

Check if Schedule O contains a response or note to any line in this Part VI

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	9
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	X

		1 1	<u>ا – ۱</u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1 5			
	,, _,, _		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	•		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		[8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule Q			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the fo	orm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	res," describe				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	I by independent				
а	The organization's CEO, Executive Director, or top management official		[15a		Х
	Other officers or key employees of the organization		[15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (Section 5	i01(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	licy, and	financ	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
20						
20	<u>Kasha Hanflik - 401-541-5907</u> PO Box 72787, Providence, RI 02907					

Form 990 (2020) Girls on the Run Rhode Island	45-3061488	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees, and Independent Contractors						
Check if Schedule O contains a response or note to any line in this Part VII						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regar	dless of amount of compens	sation.				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		98	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		vold	t con				organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Kasha Hanflik	40.00				-					
Executive Director				х				46,978.	0.	0.
(2) Kelly Clifton	1.00									
President		Х		Х				0.	0.	0.
(3) Rita Nerney	0.50									
Vice president		Х		Х				0.	0.	0.
(4) Neil Foster	1.00				-					
Treasurer		Х		Х				0.	0.	0.
(5) Stephanie Sullivan	1.00									
Secretary		Х		Х				0.	0.	0.
(6) Victoria Bernardo	0.50									
Director		Х						0.	0.	0.
(7) Suzanne Belanger	0.50									
Director		Х						0.	0.	0.
(8) Lynne Broderick	0.50									
Director		Х						0.	0.	0.
(9) Lisa McCurdy	0.50									
Director		Х						0.	0.	0.
(10) Roberta Butler	0.50									
Director		Х						0.	0.	0.
(11) Cate Massey	0.50									
Director		Х						0.	0.	0.
(12) Jessica Hancock	0.50									
Director		Х						0.	0.	0.
(13) Heather Thurber	0.50									
Director		Х						0.	0.	0.
(14) Lauren Matlach	0.50									
Director		Х						0.	0.	0.
(15) Angelina McKiernan	0.50									
Director		х						0.	0.	0.
(16) Gena Petrunyak	0.50	l								_
Director		Х						0.	0.	0.
000007 40 00 00										Form 990 (2020)

032007 12-23-20

Form 990 (2020)

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	990 (2020) Girls on	the Run	l R	ho	de	I	sl	an	ıd	45-306	1488	B P	'age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Posi		۱ than c	one	Reportable	Reportable	E	stimat	ed
		hours per	box	, unles	ss per	rson i	s both pr/trus	n an	compensation	compensation	a	mount	
		week (list any			uau		1/1/1/1/1/1/1		- from	from related		other	
		hours for	lirecto						the organization	organizations (W-2/1099-MISC)		npensa from th	
		related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)		ganizat	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee					nd relat	
		below	idual	tution	er	Key employee	est cc loyee	ıer			org	ganizati	ions
		line)	Indiv	Insti	Officer	Key (High emp	Former					
											_		
			1										
			1										
	Subtotal								46,978.	0			0.
	Total from continuation sheets to Part VII								0.	0			0.
	Total (add lines 1b and 1c)								46,978.	0	•		0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
	compensation from the organization				_							Yes	No
3	Did the organization list any former officer,	director trust	ا مم		mnl	0.00	a or	hia	hest compensated emp	lovee on		100	
5	line 1a? If "Yes," complete Schedule J for su	-			•	•		Ŭ	• •	•	3		x
4	For any individual listed on line 1a, is the su												
•	and related organizations greater than \$150								-	-	4		X
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com										5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compens	ation f	rom	
	the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)				_				(B)			(C)	
	Name and business	address	NC	ONE	5				Description of s	ervices	Comp	ensatio	n
2	Total number of independent contractors (in		ot lin	nited	to t			ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	ation 🕨				(J				_	990	

032008 12-23-20

Form **990** (2020)

		(2020) Girls on the Run Rho	de Island		45-3061	488 Page
Pa	rt VI	II Statement of Revenue				
		Check if Schedule O contains a response or note to any		(B)	(C)	
			(A) Total revenue	Related or exempt		Revenue excluded
ts S	1 a	Federated campaigns 1a				
unc.	k					
5 G	c					
ar A	c	Related organizations				
s, s mils	e	e Government grants (contributions) 1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and				
thei		similar amounts not included above 1f 101,385	5.			
Ò	ç	Noncash contributions included in lines 1a-1f				
an C	ł	Total. Add lines 1a-1f	▶ 101,385.			
		Business Co				
e	2 8	Program fees 900099	9 13,244.	13,244.		
Program Service Revenue	k					
a n	c					
am eve	c					
рg	e	÷				
ז	f	All other program service revenue				
	ç	g Total. Add lines 2a-2f	▶ 13,244.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Persona		V.		
	6 a	a Gross rents 6a				
	k	b Less: rental expenses 6b				
	C	Rental income or (loss) 6c				
	C	1 Net rental income or (loss)				
	7 a	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
	k	b Less: cost or other basis				
Ine		and sales expenses 7b				
evenue	C	c Gain or (loss) 7c				
Ě	C	d Net gain or (loss)	•			
Other	8 4	a Gross income from fundraising events (not				
ð		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18	1.			
	k	b Less: direct expenses 8b 145				
	C	Net income or (loss) from fundraising events	▶ 3,989.			3,989.
	9 a	a Gross income from gaming activities. See				
		Part IV, line 19 9a	_			
		b Less: direct expenses9b				
	C	Net income or (loss) from gaming activities	►			
	10 a	a Gross sales of inventory, less returns				
		and allowances 10a				
	k	D Less: cost of goods sold 10b				
	C	Net income or (loss) from sales of inventory				
s		Business Co	de			
Miscellaneous Revenue	11 a	a				
ane	k					
eve	C					
Alls,	c	a All other revenue				
<		• Total. Add lines 11a-11d				
	12	Total revenue. See instructions	▶ 118,618.	13,244.	0.	
)3200	9 12-2	3-20				Form 990 (2020
			<u> </u>			

9

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Girls on the Run Rhode Island Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		20 520	2 050	0 004
	trustees, and key employees	52,586.	38,732.	3,950.	9,904.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	11 102	2 000		0 104
7	Other salaries and wages	11,193.	3,089.		8,104.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 410	1,487.	360.	E 6 2
9	Other employee benefits	2,410. 5,433.	4,183.	326.	563. 924.
10	Payroll taxes	5,455.	4,103.	520.	524.
11	Fees for services (nonemployees):				
a	F				
b		2,406.	240.	2,006.	160.
	Accounting	2,400.	240.	2,000.	100.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Г., Г				
י g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,242.	1,726.		516.
13	Office expenses	602.	393.	145.	64.
14	Information technology				• - •
15	Royalties				
16	Occupancy	5,905.	4,601.	332.	972.
17	Travel	988.	761.	59.	168.
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				
23	Insurance	937.	732.	57.	148.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Licenses, dues and perm	10,938.	8,422.	657.	1,859.
b	Program expenses	3,998.	3,998.		
c	Program supplies	3,947.	3,947.		
d	Telephone	3,108.	2,393.	187.	528.
e	All other expenses	5,873.	3,918.	1,039.	916.
25	Total functional expenses. Add lines 1 through 24e	112,566.	78,622.	9,118.	24,826.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

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Form 990 (2020)

75,414.

79,929.

29

30

31

32

33

81,466.

89,033.

Form 990 (2020)

Girls on the Run Rhode Island Part X Balance Sheet

	Check if Schedule O contains a response or not	e to any line in thi	s Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			77,228.	1	88,332.
2	Savings and temporary cash investments		•	2	· ·	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		Г		4	
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst		, i			
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disquali					
	under section 4958(f)(1)), and persons described		F		6	
7	Notes and loans receivable, net		F F		7	
8	Inventories for sale or use		F		8	
9	Prepaid expenses and deferred charges			2,701.	9	701.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	574.			
b	Less: accumulated depreciation		574.	0.	10c	0.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ			79,929.	16	89,033.
17	Accounts payable and accrued expenses			1,515.	17	4,567.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV of Schedul	e D		21	
22	Loans and other payables to any current or form	ner officer, directo	r,			
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the	se persons			22	
23	Secured mortgages and notes payable to unrela	ated third parties			23	
24	Unsecured notes and loans payable to unrelated	d third parties			24	
25	Other liabilities (including federal income tax, pa	yables to related t	third			
	parties, and other liabilities not included on lines	s 17-24). Complete	e Part X			
	of Schedule D		·····	3,000.	25	3,000.
26	Total liabilities. Add lines 17 through 25			4,515.	26	7,567.
	Organizations that follow FASB ASC 958, che	eck here 🕨 🛛 🗙	J			
	and complete lines 27, 28, 32, and 33.		Ļ			01 165
27	Net assets without donor restrictions			75,414.	27	81,466.
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 9	58, check here				

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

and complete lines 29 through 33.

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Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

<u>Form</u>	Girls on the Run Rhode Island	<u>45-</u> 3	061488	Pac	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	118	,62	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	112	,56	66.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	, 05	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75	,41	14.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	81	,46	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Y	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form C		0000

Form **990** (2020)

032012 12-23-20

SCH	EDU	LE A
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Department of the Treasury

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.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
olover	identification numbe

inten	an neve	The Service	Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection	
Nar	ne of	the organization	.1 5		7				identification number	
D	art I	Giri Bosson for Public (s on the R	un Rhode Isla	and			4	5-3061488	
		Reason for Public (ee Instructio	ns.		
	organ	nization is not a private found								
1		A church, convention of ch					1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	1 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)	(v).			
7	X	An organization that norma	-					he general r	oublic described in	
•		section 170(b)(1)(A)(vi). (C			on a gor			ine generally		
8		A community trust describe			нцу					
9	\square	An agricultural research org				od in coniu	unction with a	land grant	collogo	
9										
		or university or a non-land-o	grant college of agric	culture (see instructions).	Entertrie	name, city	, and state of	the college	or	
		university:		··· 00 4/00/ 5''						
10		An organization that norma	• • • •				÷		•	
		activities related to its exen								
		income and unrelated busir		e (less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.	
		See section 509(a)(2). (Co	. ,							
11		An organization organized a								
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in	
		lines 12a through 12d that	describes the type of	of supporting organization	and com	plete lines	12e, 12f, and	d 12g.		
a		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), 1	ypically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
k)	Type II. A supporting org	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	on(s), by hav	ving	
		control or management o	of the supporting org	anization vested in the sa	ame perso	ons that co	ntrol or mana	ige the supp	ported	
		organization(s). You mus	st complete Part IV,	Sections A and C.						
c	;	Type III functionally inte	grated. A supportir	ng organization operated	in connec ⁻	tion with, a	and functiona	Illy integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
c	ı 🗌	Type III non-functionally	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not functionally int	tegrated. The organi	zation generally must sat	isfy a distr	ribution red	quirement and	d an attentiv	/eness	
		requirement (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	V.			
e	, [Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or					51 / 51	, ,		
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,						
c		vide the following informatior	•							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	

<u>Total</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Girls on the Run Rhode Island

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	79,245.	109,140.	103,786.	94,464.	101,885.	488,520.
2	Tax revenues levied for the organ-						
	ization'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 organization without charge \dots						
4	Total. Add lines 1 through 3	79,245.	109,140.	103,786.	94,464.	101,885.	488,520.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				A		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						89,380.
6	Public support. Subtract line 5 from line 4.						399,140.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	79,245.	109,140.	103,786.	94,464.	101,885.	488,520.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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 VI.)						
11	Total support. Add lines 7 through 10						488,520.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	584,621.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2020 (li					14	81.70 %
15	Public support percentage from 2019					15	74.90 %
16a	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the c				line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	<u>a, 16b, 17a, or 17b</u>			
					Sche	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 Girls on the Run Rhode Island Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				· ·		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				Þ		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts 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 June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here				-		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from a	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-25-21					edule A (Form 990) or 990-EZ) 2020
			15	5			-

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Schedule A (Form 990 or 990 EZ) 2020 Girls on the Run Rhode Island

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Ye<u>s</u> No

Schedule A (Form 990 or 990-EZ) 2020 Girls on the Run Rhode Island Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
v	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	-		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	(c)	
2	Activities Test. Answer lines 2a and 2b below.	suaction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes." describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

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Schedule A (Form 990 or 990-EZ) 2020

3b

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Sche	Schedule A (Form 990 or 990-EZ) 2020 Girls on the Run Rhode Island 45-3061488 Page 6					
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):		A			
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Cool	ion C. Distributable Amount			Current Veer		

Section C - Distributable Amount

instructions).

Sect	tion C - Distributable Amount		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Girls on the Run Rhode Island

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	-		
Secti	ction D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exer	npt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2020 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020		
_1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
е	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Girls on	the Run	Rhode	Island	45	-3061488	Page 8
Part VI Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, line 1; Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part V, Sec	5a, 6, 9a, 9b, 9d IV, Section E, lir:	c, 11a, 11b, nes 1c, 2a, 2	and 11c; Part I\ 2b, 3a, and 3b; I	7, Section B, lines 1 and 2 Part V, line 1; Part V, Sect	; Part IV, Sectior ion B, line 1e; Pa	ı C, ırt V,
(See instructions.)						
032028 01-25-21		20		Schedule A (F	orm 990 or 990-	EZ) 2020
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Schedule A

2020

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CVS	10,000.	230.
Blue Cross Blue Shield	60,500.	50,730.
Amica	20,000.	10,230.
Norman Rosalie	27,500.	17,730.
CVS Charity Classic	20,000.	10,230.
TJX Foundation	10,000.	230.
)	
Total Excess Contributions to Schedule A, Part II, Line 5		89,380

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization	Employer identification number				
C	Girls on the Run Rhode Island	45-3061488			
Organization type (check					
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.			
General Rule					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(any one contribu	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributio is checked, ente purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sec <i>lusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an <i>exclusively</i> religious complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
0	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

45 - 3061488

Girls on the Run Rhode Island

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	\$ 5,000.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

Girls on the Run Rhode Island

45-3061488

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (2020

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Page 4

Sirls on the Run Rhode Island 45-3061483 Part III Exclusive regions, charticle, etc., contributions to organizations described in section 50 (b(7), (8), or (10) that total more than \$1,000 for the year provide that total more that total more than \$1,000 for the year provide that total more total total total more total total total more total total more t	lame of or	rganization		Employer identification number			
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 50 (c)/(, B), or (10) that to large the next base is needed. The part is the organization of the section of the s	lirls	on the Run Rhode Island	đ	45-3061488			
complexing partit, used the table of exclusion, education of \$2,000 or fees for the yser, for this into any \$\$\$	Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
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from Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	(a) No.						
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(Form §	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

	Girls on the Run R	hode Island		45-3061488
Par		d Funds or Other Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	5	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	L I I I I I I I I I I I I I I I I I I I	od funde	
5	-	-		Yes No
6	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		•	
Par		anization answered "Vac" on Form 000		Yes No
			Part IV, line /	•
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		-	y important land area
	Protection of natural habitat	Preservation of	a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a	
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	n during the tax
	year 🕨			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easemer	nts during the year
	► \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement ar	nd
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that des	cribes the
	organization's accounting for conservation easements.		_	
Par	t III Organizations Maintaining Collections of	i Art, Historical Treasures, or Ot	her Simila	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	irtherance of	public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of pu	ıblic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
				\$
2	If the organization received or held works of art, historical treat			e
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$
			•	\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			, , , - <u>-</u> -

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Sche		n the Run R					061488	
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tr	easures, o	or Other S	imilar Asse	ets _{(continu}	ied)
3	Using the organization's acquisition, accessio	n, and other records	, check any of the	following that	t make signi	ficant use of it	S	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change progr	am			
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's col	llections and explain	how they further t	the organizati	on's exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical trea	asures, or oth	er similar as	sets		
	to be sold to raise funds rather than to be main						Yes	No
Par	t IV Escrow and Custodial Arrang		te if the organizati	on answered	"Yes" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia					-		—
	on Form 990, Part X?					l	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:					
							Amount	
	Beginning balance							
	Additions during the year					1d		
-	Distributions during the year					1e		
f	Ending balance					1f	Vee	
	Did the organization include an amount on Fo					۲ L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. (t V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year			Three years ba		ears back
10	Beginning of year balance	(a) Current year	(b) Flior year		alo Dack (U)	Three years ba		Cal S Dauk
1a h								
0	Contributions							
d	Grants or scholarships							
	Other expenditures for facilities							
e								
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a, column (a)) held as:				
- a	Board designated or quasi-endowment		%					
b	Permanent endowment							
c	Term endowment							
-	The percentages on lines 2a, 2b, and 2c shou	-						
3a	Are there endowment funds not in the posses	-	tion that are held a	and administe	red for the o	rganization		
	by:					- g	5	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organizat							
4	Describe in Part XIII the intended uses of the							•
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a.	See Form 990), Part X, line	e 10.		
	Description of property	(a) Cost or ot	her (b) Cos	st or other	(c) Accu	umulated	(d) Book	value
		basis (investm	• •	s (other)	depre	ciation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment	-	574.			574.		0.
	Other							
Tota	Add lines 1a through 1e. (Column (d) must ea	nual Form 990. Part X	(, column (B), line	10c.)				0.
						Schod	ule D (Form	000) 2020

Schedule D (Form 990) 2020

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	e Run Rhode 1	Island	45-3061488 _{Page} 3
Part VII Investments - Other Securities.		11h Cas Farma 000 Dart)	(line 10
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	on Form 990, Part IV, line (b) Book value		K, line 12. ion: Cost or end-of-year market value
	(b) Dook value		
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part >	۲, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	-		· · · · -
Complete if the organization answered "Yes"		e 11d. See Form 990, Part >	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)(5)			
(5)			
(6) (7)			
(8)			
(9)			
	15)		
Part X Other Liabilities.	- 15,1 ·····		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990.	. Part X. line 25.
1. (a) Description of liability	, , ,		(b) Book value
(1) Federal income taxes			
(2) SBA Loan			3,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		3,000.
2. Liability for uncertain tax positions. In Part XIII, provide	,	to the organization's financi	al statements that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	nere if the text of the footno	te has been provided in Part XIII

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Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 Girls on the Run Rhode Isl	land	45-3061488 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts 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 XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
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	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	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 XIII.)		
с	Add lines 4a and 4b		4c
5	Total expenses, Add lines 3 and 4c . (This must equal Form 990, Part 1 line 18.)		5

Part XIII Supplemental Information.

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

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	2020 Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization	Girls on the Run Rhode Island	Employer identification number 45-3061488
Form 990, Par	rt I, Line 1, Description of Organization Miss	ion:
what makes th	nem one of a kind. Trained coaches lead small	teams through
our research	-based cirricula which includes dynamic discus	sions,
activities, a	and running games. Over the course of the ten-	week program,
girls in 3rd-	-8th grade develop essential skills to help th	em navigate
their worlds	and establish a lifetime appreciation for hea	lth and
<u> </u>		

fitness. The program culminates with girls positively impacting their

communities through a service project.

Form 990, Part III, Line 1, Description of Organization Mission: <u>course of the ten-week program, girls in 3rd-8th grade develop</u> <u>essential skills to help them navigate their worlds and establish a</u> <u>lifetime appreciation for health and fitness. The program culminates</u> <u>with girls positively impacting their communities through a service</u> project.

Form 990, Part VI, Section B, line 11b:

The form 990 is distributed to the full Board of Directors annually and

reviewed and approved by the Executive Director.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is distributed annually to all Board

members who are required to disclose any potential conflict of interest

matter prior to the Organization entering into any potential transaction or

arrangement.

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization Girls on the Run Rhode Island	Employer identification number 45-3061488
Form 990, Part VI, Section C, Line 18:	
The 990 is made available to the public through either	Guidestar or upon
request.	
Form 990, Part VI, Section C, Line 19:	
The Organization does not make its governing documents,	conflict of
interest policy, and financial statements available to	the public unless
otherwise requested and approved by the Board.	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 202