Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2022 calend	ar year, or tax year beginning 01	01/2022 and end	ling	12/31/2	022				
В	Check if	applicable:	C Name of organization GIRLS ON THE RU	N GREATER HOUSTON			D Emple	oyer identification number			
\Box	Address	dress change Doing business as 41-2									
$\overline{\Box}$	Name ch	nange	Number and street (or P.O. box if mail is not of	delivered to street address)	Roon	n/suite	E Teleph	none number			
$\overline{\Box}$	Initial ret	Ĭ.	830 Daria Dr				832-628-4480				
$\overline{\Box}$		rn/terminated	City or town, state or province, country, and 2	ZIP or foreign postal code							
$\overline{\Box}$	Amended		Houston, TX 77079	0 1			G Gross	receipts \$ 568,038			
\exists		on pending	F Name and address of principal officer: Mary	T Callahan			is a group return for subordinates? Yes V N				
ш	пррпоци	on ponding	830 Daria Dr, Houston, TX 77079	· oananan		1		es included? Yes No			
$\overline{}$	Tax-exer	npt status:		insert no.) 4947(a)(1) or	527	If "No," attach					
<u>.</u>	-	·	greaterhouston.org			H(c) Group ex					
		organization:		ner I Vear o	of formation	1		of legal domicile: TX			
	art I	Summa		L rear c	i ioiiiatioii	2004	W State	or legal dornicile.			
	1		y cribe the organization's mission or mo	et cianificant activities: V	Vo inonire	airla ta ba i	overal le	acelthy and confident			
ø)	'										
Activities & Governance			, experience-based curriculum which cr		. we env	ision a world	wnere	every giri knows and			
ı,			er limitless potential and is boldly free to			ore then OF	0/ of it				
ove			box if the organization discontinue	•			1 . 1	s net assets.			
Ğ			voting members of the governing boo				3	9			
ŝ			independent voting members of the g	• • •	,		4	8			
Ìŧį			er of individuals employed in calenda		•		5	9			
Ċŧ	1		er of volunteers (estimate if necessary	•			6	604			
⋖			ated business revenue from Part VIII, o	` '			7a	0			
	b	Net unrelat	ed business taxable income from For	n 990-1, Part I, line 11 .	<u> </u>		7b	0			
			Prior Year		Current Year						
ě		Contribution	22	23,592	346,281						
ē	9	-	, ,			12	23,891	175,343			
Revenue	10		income (Part VIII, column (A), lines 3,				0	4,405			
			nue (Part VIII, column (A), lines 5, 6d, 8			56,338	39,425				
	+	-	ue-add lines 8 through 11 (must equa			40	03,821	565,454			
	13		similar amounts paid (Part IX, column				0	0			
	14	Benefits pa	id to or for members (Part IX, column	(A), line 4)			0	0			
S	15	Salaries, ot	ner compensation, employee benefits (F	art IX, column (A), lines 5-	·10)	26	63,163	280,006			
Expenses	16a	Profession	al fundraising fees (Part IX, column (A)	, line 11e)			0	0			
χbe	b	Total fundr	aising expenses (Part IX, column (D), I	ine 25) <u>26,</u> 0	028						
Ш	17	Other expe	nses (Part IX, column (A), lines 11a-1	ld, 11f–24e)		15	56,840	209,340			
	18	Total exper	nses. Add lines 13–17 (must equal Par	t IX, column (A), line 25)		42	20,003	489,346			
	19	Revenue le	ss expenses. Subtract line 18 from lin	e 12		-1	16,182	76,108			
or					Beg	inning of Curre	nt Year	End of Year			
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			32	21,957	484,346			
t As	21	Total liabili	ies (Part X, line 26)			3	30,716	116,997			
۽	22	Net assets	or fund balances. Subtract line 21 from	m line 20		29	91,241	367,349			
	art II	Signatu	e Block								
			I declare that I have examined this return, inclu- . Declaration of preparer (other than officer) is be					my knowledge and belief, it is			
Sig	gn	Signature of	fficer			Date					
He	ere	James Call	ahan, Secretary								
	-		name and title								
_		1	preparer's name Preparer's	signature	Date		Check	if PTIN			
Pa						self-emp	 - "				
	epare	L Ciuma'a man				Firm's					
Us	e Onl	Firm's add				Phone					
Ma	v the IF		his return with the preparer shown ab	ove? See instructions .		11110116		. Yes No			

Part	
1	Check it Schedule O contains a response or note to any line in this Part III
•	Girls on the Run is a transformational physical activity based positive youth development program for girls in 3rd-8th grades. We
	teach life skills through dynamic, interactive lessons and running games. The program culminates with the girls being physically
	and emotionally prepared to complete a celebratory 5k running event. The goal of the program is to unleash confidence through
	accomplishment while establishing a lifetime appreciation of health and fitness.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ 349,800 including grants of \$) (Revenue \$ 134,694)
4a	
	Girls on the Run Greater Houston held after-school programs serving 1,538 girls at 115 sites around the Greater Houston area (Harris, Ft. Bend, and Montgomery Counties) in 2022. The program combines an interactive curriculum and running to inspire
	self-respect and healthy lifestyles in pre-teen and early teen girls from 3rd-8th grades. 1,458 3rd-5th graders participated in "Girls
	on the Run" programs at 105 sites and 80 6th-8th graders participated in the "Heart & Sole" program at 10 sites. Of the 115 sites,
	79 are economically disadvantaged. 47% of the girls pay an average of \$35 for a program that cost \$326 per girl due to the still
	reduced numbers of girls in 2022. Girls on the Run Greater Houston was awarded distinction by the International organization for
	its efforts to serve the greatest number of girls in difficult circumstances. GOTRGH gave over \$119,000 in scholarships to
	disadvantaged girls in 2022. With the help of our generous sponsors and donors, we are able to bring the Girls on the Run and
	Heart & Sole programs to schools (public, private, charter), as well as community centers, YMCAs, parks, and a clinic specializing
	in obesity. 604 volunteers including 489 unpaid coaches donated their time and effort to Girls on the Run in 2022. There is no
	shortage of girls who would like to participate in our program, only a shortage of coaches who are selflessly willing to volunteer
	their after-school time on behalf of young girls across the Greater Houston area. COME JOIN US!!
4b	(Code:) (Expenses \$
	Girls on the Run Greater Houston holds 5k runs at Rice University. The 5k runs are the culmination of the program and the goal is
	for the girls to complete a 5k in a positive, encouraging environment. It is a wonder to behold! All the girls completed their 5k runs
	with their coaches, siblings, and parents cheering them on. The true success of the program, however, is not told in the numbers, but in the words of the girls: "Girls on the Run made me realize that I am the boss of my brain." "I know that whatever I set my
	mind to do, I can do." "At Girls on the Run, I learned how to be comfortable in my own skin!" Girls on the Run honors it core values.
	We strive to:Recognize our power and responsibility to be intentional in our decision-makingStand up for ourselves and
	othersEmbrace our differences and find strength in our connectednessNurture our physical, emotional and spiritual health.
	Express joy, optimism, and gratitude through our words, thoughts, and actionsLead with an open heart and assume positive
	intentLEARN. LIVE. DREAM. RUN!
	(O I) (D)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 421,934

Form 990 (202	(2)	
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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		,
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? <i>If "Yes," complete Schedule C, Part II</i>	4		,
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
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		~
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	~	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertainty positions under FIN 48 (ASC 740)3 If "Yes," complete Schedule D. Part X	11e	'	
12a	5 · · · · · · · · · · · · · · · · · · ·	11f		
b	Schedule D, Parts XI and XII	12a	<i>'</i>	
13		12b 13		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
าง 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		~
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		,
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	~	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		,

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		_
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		,
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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		,
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		,
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		v v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		/
	or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>'</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	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			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		.,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		~
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and continue provided to the payor?			4
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		.,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		~
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	1.0		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	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		~
	If "Yes," see the 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		~
. -	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
		17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Upon request Other (explain on Schedule O) ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Jay Callahan, (832)444-2060

Part VI

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), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz			ompe	ensa	ated any current	otticer, director,	or trustee.
				•	C)					
(A)	(B)	/da m			sition			(D)	(E)	(F)
Name and title	Average					e than o i is both		Reportable	Reportable	Estimated amount
	hours per week					or/trus	tee)	compensation from the	compensation from related	of other compensation
	(list any	or o	Ins	Officer	Se le	em Hig	Former	organization (W-2/	organizations (W-2/	
	hours for	direc	titut	icer	Key employee	hes	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	of all t	iona		lplo:	ee t cor	'	1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	T T		yee	npe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
			L"			ed				
Mary T Callahan	40.00									
CEO	0.00	~		~	~	~		92,598	0	0
Dave Lee	10.00									
Chairman	0.00	~						0	0	0
Brandi Kendall	2.00									
Director		~						0	0	0
Jeanette Margle	2.00									
Director	0.00	~						0	0	0
Frank Bilotti	2.00									
Director		~						0	0	0
Colleen Cockrum	2.00									
Director		~						0	0	0
Carol Lewis	2.00									
Director		~						0	0	0
Jamie Hons	2.00									
Director		~						0	0	0
Michael McDonough	2.00									
Director		~						0	0	0
Jay Callahan	10.00									
Secretary	0.00			~				0	0	0
		_								
		_								
		_								
							1			

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emp	oloy	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
	(A) Name and title	(B) Average hours	box, ι	unles	Pos neck s pe	rson	e than of the thick is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
			-								
			-								
			-								
			-								
			-								
			-								
			-								
			-								
1b	Subtotal								92,598	0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	vii, Secuo	n A 						92,598	0	0
2	Total number of individuals (including reportable compensation from the organi		limite	d t	o t	hos	e lis	ted	above) who re	eceived more	than \$100,000 of
	reportable compensation from the organi	2011011							0		Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i>							-	loyee, or highes		3 .
4	For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	portal an \$1	ole (50,	com 000	npei 1? <i>I</i> :	nsatio f "Ye	on a s,"	nd other compe complete Sched	nsation from the	
5	individual	r accrue co	ompei	nsat	tion	fro	m any	/ un	related organiza		
Secti	for services rendered to the organization on B. Independent Contractors	? IT Yes, C	compi	ete	SCI	ieat	iie J i	or s	sucn person .		5 /
1	Complete this table for your five high										
	compensation from the organization. Rep	ort compen	satior	1 for	the	ca	lenda	r ye	ear ending with or (B)	within the orgai	(C)
None	Name and business add	ress							Description of serv	vices	Compensation
		c									
2	Total number of independent contractor received more than \$100,000 of compens						ed to	o th	ose listed abov 0	e) who	

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, Grants, Amounts	1a b c	Federated campaig Membership dues Fundraising events Related organization			1a 1b 1c 1d	0 0 42,009 0				
Contributions, Gifts, Grants, and Other Similar Amounts	e f	Government grants All other contribution and similar amounts no	(cont ns, gif ot incl	ributions) fts, grants, uded above	1e	137,544 166,728				
ontrib ind Ot	9	Noncash contribution			1g					
O ®	h	Total. Add lines 1a-	-1t .				346,281			
•						Business Code				
ice	2a	Program Curriculum	1			611620	134,694	134,694	0	0
ĕ.	b	5K Race				611620	40,649	40,649	0	0
yram Ser Revenue	С									
am eye	d									
gra	е									
Program Service Revenue	f	All other program se					0	0	0	0
ъ.	g	Total. Add lines 2a-					175,343	0	<u> </u>	0
	3	Investment income					175,343			
	•	other similar amoun	•	-		· · · · · · · · · · · · · · · · · · ·	4.405	4.405	0	
			•				4,405	4,405	0	0
	4	Income from investr			•		0	0	0	0
	5	Royalties					0	0	0	0
				(i) Rea	<u> </u>	(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o	r (loss	s)			0	0	0	0
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets other than inventory	7a							
Revenue	b	Less: cost or other basis and sales expenses .	7b							
Ve		Gain or (loss)	7c		0	0				
Re	C C	` '	70		- 0	0				
er		Net gain or (loss)								
Other	8a	Gross income from events (not including of contributions replace). See Part IV, line	\$ ported	42,009	8a	42,009				
	b	Less: direct expens			8b	2,584				
	C	Net income or (loss)				· · · · · · · · · · · · · · · · · · ·	39,425		0	39,425
	9a	Gross income of activities. See Part I	from	gaming		nts	37,423		0	37,423
	_		•		9a					
		Less: direct expens			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of in returns and allowan		ory, less 	10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)) from	sales of ir	vento	ory				
S		· · · · · ·				Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
elle ve	C									
Sc	d	All other revenue								
Ξ	_	Total. Add lines 11a	 a_11d				0			
	12	Total revenue. See					565,454	179,748	0	20.425
	14	i otal levellue. See	, 1119111	uuliui 15			202,454	179,148	U	39,425

Part IX Statement of Functional Expenses

Section 501(c)(3) a	and 501	1(c)(4)	organi	zations	must cor	mplete a	ıll colu	ımns.	All o	ther o	orga	nizati	ons mu	ıst comp	olete co	olumn	(A).	
	~			_		•						_	. 13.7						

Check if Schedule O contains a response or note to any line in this Part IX									
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
8b, 9b	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21 .	0	0						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0						
3	Grants and other assistance to foreign organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	0	0						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	92,598	83,338	4,630	4,630				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0				
7	Other salaries and wages	160,502	144,452	8,025	8,025				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0,023	0,023				
9	Other employee benefits	7,820	7,038	391	391				
10	Payroll taxes	19,086	17,177	954	955				
11	Fees for services (nonemployees):	19,000	17,177	934	900				
	Management	0	0	0	0				
a b	Legal	0	0	0	0				
C	Accounting	4,500	0	4,500	0				
	Lobbying	4,500	0	4,500	0				
d e	Professional fundraising services. See Part IV, line 17	0	U	U	0				
f	Investment management fees	0	0	0	0				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)		-						
	- · · · · · · · · · · · · · · · · · · ·	1,403	0	1,403	0				
12	Advertising and promotion	4,105	1,368	1,368	1,369				
13	Office expenses	33,060	16,530	8,265	8,265				
14	Information technology	2,182	1,746	0	436				
15	Royalties	0	0	0	0				
16	Occupancy	0	0	0	0				
17	Travel	0	0	0	0				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
	·	0	0	0	0				
19	Conferences, conventions, and meetings .	13,693	10,954	1,370	1,369				
20	Interest	0	0	0	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization .	2,354	1,177	589	588				
23	Insurance	4,857	4,857	0	0				
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 O.)								
	• • • • • • • • • • • • • • • • • • • •								
a	5K Race Expenses	72,134	72,134	0	0				
b	License Fees	9,889	0	9,889	0				
С	After-school program expenses	61,163	61,163	0	0				
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	489,346	421,934	41,384	26,028				
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)								
	, ,			L	Form 990 (2022)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	228,938	1	76,589
	2	Savings and temporary cash investments	90,220	2	344,774
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	564	9	905
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23,05	9		
	b	Less: accumulated depreciation 10b 19,14	2 2,235	10c	3,917
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	58,161
	16	Total assets. Add lines 1 through 15 (must equal line 33)	321,957	16	484,346
	17	Accounts payable and accrued expenses	15,716		41,029
	18	Grants payable		18	
	19	Deferred revenue	15,000	19	10,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D			
			0	25	65,968
	26	Total liabilities. Add lines 17 through 25	30,716	26	116,997
Jces		and complete lines 27, 28, 32, and 33.			
aga	27	Net assets without donor restrictions	291,241	27	367,349
B	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	291,241	32	367,349
ž	33	Total liabilities and net assets/fund balances	321,957		484,346
					222

Part	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)			56	5,454		
2	Total expenses (must equal Part IX, column (A), line 25)			48	9,346		
3							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments				0		
6	Donated services and use of facilities				0		
7	Investment expenses				0		
8	Prior period adjustments				0		
9	Other changes in net assets or fund balances (explain on Schedule O)				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))			36	7,349		
Part	XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explair Schedule O.	n on					
_							
2a		<u> </u>	2a	~			
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both:	a or					
	Separate basis Consolidated basis Both consolidated and separate basis		01-				
b	Were the organization's financial statements audited by an independent accountant?	· L	2b	~			
	separate basis, consolidated basis, or both:	on a					
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign	ht of					
C	the 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		20				
	Schedule O.	511					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the					
ou	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		/		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		Ju				
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,						

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Publ

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		THE RUN GREATER HOUSTO						42328	
Pai		Reason for Public Cha						ons.	
The o	•	zation is not a private founda		,		-	•		
1	_ · · · · · · · · · · · · · · · · · · ·								
	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 								
3		nospital or a cooperative homedical research organization						/iii) Fatar tha	
4	_	ospital's name, city, and state	•	onjuniction with a nost	Jilai desc	nbea in s	section 170(b)(1)(A)	(III). Enter the	
5		n organization operated for		college or university	owned o	r operate	ed by a government	al unit described in	
		ection 170(b)(1)(A)(iv). (Com		comoge or armicion,		. 000.010	a government	a. a a	
6		federal, state, or local govern	•						
7		n organization that normally			port from	a gover	nmental unit or fron	the general public	
		escribed in section 170(b)(1)		· ·					
8	_	community trust described i			-				
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)								
11	☐ Ar	n organization organized and	l operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).		
12		n organization organized and							
		ne or more publicly supported							
_		e box on lines 12a through 12		*			•		
а	Ш	Type I. A supporting organization							
		supporting organization. Y					rie directors or trust	ees of the	
b		Type II. A supporting organ	-	·			supported organizati	on(s), by having	
	_	control or management of organization(s). You must	the supporting o	rganization vested in	the same				
С		Type III functionally integ	rated. A support	ting organization oper	ated in c	onnection	n with, and function	ally integrated with,	
		its supported organization(s) (see instructio	ns). You must comp l	lete Part	IV, Secti	ons A, D, and E.		
d		Type III non-functionally in that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	• • • • • • • • • • • • • • • • • • • •	
е		Check this box if the organ	nization received	a written determination	on from tl	ne IRS tha	at it is a Type I, Type	e II, Type III	
		functionally integrated, or 7							
f		er the number of supported o							
g		vide the following information					I		
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
	_								

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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.)

Secti	Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees								
•	received. (Do not include any "unusual grants.")	192,673	595,204	108,297	279,930	426,355	1,602,459		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	129,093	144,433	64,891	123,891	134,694	597,002		
3	Gross receipts from activities that are not an unrelated trade or business under section 513					4,405	4,405		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6 7a	Total. Add lines 1 through 5	321,766	739,637	173,188	403,821	565,454	2,203,866		
	received from disqualified persons .						0		
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								
_	· · · · · ·	81,332	422,190	15,050	6,401	215,617	740,590		
с 8	Public support. (Subtract line 7c from	81,332	422,190	15,050	6,401	215,617	740,590		
·	line 6.)						1,463,276		
Secti	on B. Total Support						1/100/270		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
9	Amounts from line 6	321,766	739,637	173,188	403,821	565,454	2,203,866		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			9	·		9		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	0	0	9	0	0	9		
11	Net income from unrelated business activities not included on 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.)	201 7//	700 (07	470.407	400.004				
14	First 5 years. If the Form 990 is for the organization, check this box and stop he					565,454 ar as a section			
Sacti	on C. Computation of Public Suppor			· · · · ·			Ц		
15	Public support percentage for 2022 (line 8			3 column (f))		15	66.4 %		
16	Public support percentage from 2021 Sch		•			16	70.63 %		
	on D. Computation of Investment In		•		<u> </u>	1 1	10.00 70		
17	Investment income percentage for 2022 (y line 13, colu	mn (f))	17	0 %		
18	Investment income percentage from 2021	I Schedule A, F	Part III, line 17			18	0 %		
19a	331/3% support tests-2022. If the organ	ization did not	check the box	on line 14, an	id line 15 is m				
	17 is not more than $33^{1}/_{3}\%$, check this box	_	_	-		-	_		
b	331/3% support tests—2021. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 301/3%.								
20	Private foundation. If the organization di	d not check a h	oox on line 14	19a or 19b o	heck this box	and see instruc	tions \Box		

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of 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.)

Se

JCCL	on A. All Supporting Organizations		Yes	No
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.	1	103	Ito
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9c		
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.	10a		
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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section 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 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 Section 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 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 on 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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

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.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	ting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Name c	f the organization		Employer identification number
GIRLS	ON THE RUN GREATER HOUSTON		41-2142328
Par			ls or Accounts.
	gainzanon anonoi	(a) Donor advised funds	(b) Funds 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 a	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control	?
6	Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit conferring impermissible private benefit?	of the donor or donor advisor, or fo	r any other purpose
Par	Conservation Easements.		
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recrea	= : : : : : : : : : : : : : : : : : : :	f a historically important land area
	☐ Protection of natural habitat	•	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contributior	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c) a		
_	_		· 2d
3	Number of conservation easements modified, trans-	terred, released, extinguished, or tern	ninated by the organization during the
	tax year		
4 5	Number of states where property subject to conserv Does the organization have a written policy rega		ection handling of
Ū	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, inspect		
Ū	otali and volunteer hours devoted to morntoning, inspect	ing, narding of violations, and emoronic	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization repor		
	balance sheet, and include, if applicable, the text o	of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easemen	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASI		
	of art, historical treasures, or other similar assets	•	•
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held a provide the following amounts relating to these item	s:	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar SB ASC 958 relating to these items:	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Schedu	le D (Form 990) 2022								Pa	age 2
Part	Organizations Maintaining C	collections of	Art, His	torical T	reasures	, or Ot	her Similar As	sets (co	ntinu	ed)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and o	ther reco	rds, chec	k any of the	e follow	ing that make s	significant	use c	of its
а	☐ Public exhibition		d	Loan	or exchang	e progr	am			
b	☐ Scholarly research			Other						
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	on's collections	and expla	ain how t	hey further	the org	anization's exer	npt purpo	se in	Part
5	During the year, did the organization s assets to be sold to raise funds rather the								s 🗆	No
Part	IV Escrow and Custodial Arran	gements.								
	Complete if the organization a 990, Part X, line 21.								Form	า
1a	Is the organization an agent, trustee, or included on Form 990, Part X?							ot Ye:	s 🗆	No
b	If "Yes," explain the arrangement in Par	t XIII and comp	ete the fo	llowing ta	able:					
							Д	mount		
С	Beginning balance					10	:			
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount					ustodia	account liability	/? ☐ Ye :	s 🗌	No
b	If "Yes," explain the arrangement in Par									
	Endowment Funds.									
	Complete if the organization a	answered "Yes	on For	m 990, F	Part IV, line	e 10.				
	·	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four	ears b	ack
1a	Beginning of year balance		.,		,,,,,				<u> </u>	
b	Contributions									
C	Net investment earnings, gains, and									
_	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
-	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the			e (line 1g	ı, column (a)) held a	as:			
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2d									
3a	Are there endowment funds not in the	possession of t	he organi	zation tha	at are held	and ad	ministered for th	_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org	anizations listed	d as requi	red on So	chedule R?			3b		
4	Describe in Part XIII the intended uses of	of the organizati	on's endo	owment fu	unds.				-	
Part	VI Land, Buildings, and Equipn	nent.								
	Complete if the organization a		on For	m 990, F	Part IV, line	e 11a.	See Form 990,	Part X, Ii	ne 10	0.
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book	value	
		(investr		(0	ther)	a e	epreciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		3,850		0		3,850			0
d	Equipment		19,209		0		15,292		3	,917

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

e Other

0

0

Part VII	Investments – Other Securities.		•
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11b. See F	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.		- 000 D 13/ 11 40
	Complete if the organization answered "Yes" on Form 990, Par		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	man /h) must acual Form 000 Port V and /D) line 12)		
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
raitix	Complete if the organization answered "Yes" on Form 990, Par	t IV line 11d See F	Form 990 Part X line 15
-	(a) Description	117, 11110 1110. 0001	(b) Book value
(1) Pight of	use assets - Operating Leases		58,161
(2)	use assets - Operating Leases		30,101
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		58,161
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11e or 11f	. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in			
(2) Lease o	bligations-right to use		65,968
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1)		
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		65,968
	runcertain tax positions. In Part XIII, provide the text of the footnote to the org. s liability for uncertain tax positions under FASB ASC 740. Check here if the te		

Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 565,454 Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 2a 0 Donated services and use of facilities 0 2c 0 2d 0 2e 0 3 Subtract line **2e** from line **1** 3 565,454 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 0 4b 0 Add lines **4a** and **4b** 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 565,454 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 489,346 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: Donated services and use of facilities 2a 0 2b 0 2c 0 2d 0 Add lines 2a through 2d 2e 0 3 Subtract line **2e** from line **1** 3 489,346 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4b 0 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 489,346 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.

	0 - ll- l - D (F 000) 0000

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GIRL	S ON THE RUN GREATER HOUSTO	N				41-	2142328			
Par	Fundraising Activities. Form 990-EZ filers are n	Complete if the contract of th	ne organiza complete	ation ansv this part.	vered "Yes" on l	Form 990, Part IV,	line 17.			
1	Indicate whether the organizatio	n raised funds	through any	of the follo	owing activities. C	heck all that apply.				
а										
b										
С	c ☐ Phone solicitations g ☐ Special fundraising events									
d	d In-person solicitations									
2a	Did the organization have a writ or key employees listed in Form									
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreem	nents under which th	e fundraiser is to be			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total										
3	List all states in which the orga			ensed to s	olicit contribution	ıs or has been notifi	ed it is exempt from			
	registration or licensing.									

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

		3				
			(a) Event #1 RunRaisers	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	42,009			42,009
æ	2	Less: Contributions	42,009			42,009
	3	Gross income (line 1 minus	12,000			
		line 2)	0			0
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
S						
nse	6	Rent/facility costs	0			0
xbe	7	Food and beverages	0		0	0
t	•	r ood and beverages	0		0	
Direct Expenses	8	Entertainment	0		0	0
_						
	9	Other direct expenses .	2,584			2,584
	10	Direct expense summary. Ac	dd lines 4 through 9 in c	olumn (d)		2,584
	11	Net income summary. Subtr	act line 10 from line 3, c	olumn (d)		-2,584
Pa	rt III	Gaming. Complete if the	e organization answe	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
		\$15,000 on Form 990-E	Z, line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
۳ ا	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
<u>X</u>	•	Noncasii prizes				
rect	4	Rent/facility costs				
Ӓ	_					
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	☐ Yes %☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	7 8	Direct expense summary. Ac	_			
			_			
9	8 En	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d) ming activities:		
	8 En	Net gaming income summar nter the state(s) in which the or the organization licensed to c	y. Subtract line 7 from li rganization conducts ga onduct gaming activities	ne 1, column (d) ming activities:	s?	Yes No
	8 En	Net gaming income summarenter the state(s) in which the orthogonalization licensed to c "No," explain:	y. Subtract line 7 from li	ne 1, column (d) ming activities:	s?	Yes No
	8 En	Net gaming income summar nter the state(s) in which the or the organization licensed to c	y. Subtract line 7 from li	ne 1, column (d) ming activities:	s?	Yes No
	8 En a Is b If '	Net gaming income summarenter the state(s) in which the orthogonalization licensed to c "No," explain:	y. Subtract line 7 from li	ne 1, column (d) ming activities:	s?	LYes LNo
10:	8 En a Is b If '	Net gaming income summare the state(s) in which the orthogonal the organization licensed to c "No," explain:	y. Subtract line 7 from li rganization conducts ga onduct gaming activities	ne 1, column (d) ming activities: s in each of these states. I, suspended, or termin	s?	

Schedu	ıle G (Form 990) 2022		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part			

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number
GIRLS ON THE RUN GREATER HOUSTON	41-2142328
Form 990, Part VI, Section A, Line 2 - Mary T Callahan, CEO and President, is spouse of Jay Callahan, Secretary (Officer, non-Director)	
Form 990, Part VI, Section B, Line 11b - The CEO, the Treasurer Director, the Chairman and the pro-bono CPA CFO reviewed the 990 and then it was distributed to the entire Board for approval before filing.	
Form 990, Part VI, Section B, Line 12c - Girls on the Run has a conflict of interest policy that applies to all Directors, Officers and employees. Board Directors and Officers must disclose potential conflicts at Board meetings and must sign annually that they have read and reviewed its policy and have disclosed any conflicts.	
Form 990, Part VI, Section B, Line 15 - The Board's Finance Committee reviews annually the CEO's and key employees' compensation. Candid-GuideStar executive compensation reports, Girls on the Run International compensation reports, and comparable non-profit 990 reports are used to compare similar non-profits and similar Girls on the Run Councils' CEO compensation. Annually the organization's effectiveness is reviewed in conjunction with the performance review.	
Form 990, Part VI, Section C, Line 19 - The organization's audited financial statements are posted on its website and the website home page has a link to Candid-GuideStar's website where its financial statements, annual reports, 990 tax filings, conflict of interest policy and governing documents are posted and available for viewing.	