Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | For the | 2023 calend | dar year, or tax year beginning | 01/01/2023 | and ending | 12/31 | <u>/</u> 2023 | | | | |
|-----------------------------|--------------|---------------|--|---|---------------------|------------------|----------------|--------------------------------|--|--|--|
| В | Check if a | applicable: | C Name of organization GIRLS C | N THE RUN GREATER | HOUSTON | | D Emple | oyer identification number | | | |
| П | Address of | change | Doing business as | | | | | 41-2142328 | | | |
| П | Name cha | | Number and street (or P.O. box i | f mail is not delivered to stree | et address) | Room/suite | E Teleph | none number | | | |
| $\overline{\Box}$ | Initial retu | • | 830 Daria Dr | | , | | 832-628-4480 | | | | |
| H | | n/terminated | City or town, state or province, or | ountry, and ZIP or foreign po | stal code | | | | | | |
| \vdash | Amended | | Houston, TX 77079 | ou, u oo.o.g po | o.u. 0000 | | G Gross | receipts \$ 598,814 | | | |
| H | | on pending | F Name and address of principal of | ficer: Mary T Callahan | | H(a) Is this a | _ | or subordinates? Yes V No | | | |
| Ш | Application | ni pending | 830 Daria Dr, Houston, TX 77 | • | | 1 ' ' | | es included? Yes No | | | |
| _ | Tay-eyem | npt status: | 501(c)(3) 501(c) (| | 947(a)(1) or 527 | | | ee instructions. | | | |
| ÷ | | - | |) (IIISelt 110.) 4 | 947(a)(1) 01 327 | | | | | | |
| <u></u> | • | | rgreaterhouston.org | -ti | 1 // | H(c) Group | | | | | |
| _ | | | Corporation Trust Associa | ation Other | L Year of for | mation: 2004 | M State | of legal domicile: TX | | | |
| P | art I | Summa | - | | | | | | | | |
| _ | | | cribe the organization's miss | | | | | | | | |
| Activities & Governance | - | | n, experience-based curriculur | | | e envision a wor | ld where | every girl knows and | | | |
| na. | _ | | er limitless potential and is bo | | | | | | | | |
| Ver | | | box \square if the organization α | - | | | 25% of it | s net assets. | | | |
| ဗိ | l . | | voting members of the gove | • • • | • | | 3 | 10 | | | |
| ∞ ∞ | 4 1 | Number of | independent voting membe | rs of the governing boo | dy (Part VI, line 1 | lb) | 4 | 9 | | | |
| ties | 5 | Total numb | per of individuals employed i | n calendar year 2023 (l | Part V, line 2a) | | 5 | 6 | | | |
| ŧΪ | 6 | Total numb | per of volunteers (estimate if | necessary) | | | 6 | 691 | | | |
| Ac | 7a - | Total unrel | ated business revenue from | Part VIII, column (C), li | ne 12 | | 7a | 0 | | | |
| | b I | Net unrelat | ted business taxable income | from Form 990-T, Par | t I, line 11 | | 7b | 0 | | | |
| | | | | | | Prior Ye | ar | Current Year | | | |
| • | 8 (| Contributio | ons and grants (Part VIII, line | 346,281 | 219,478 | | | | | | |
| ñ | | | ervice revenue (Part VIII, line | 175,343 | 197,467 | | | | | | |
| Revenue | | _ | t income (Part VIII, column (A | | | | 4,405 | 18,313 | | | |
| æ | l . | | nue (Part VIII, column (A), lin | | | | 39,425 | 90,414 | | | |
| | l . | | ue-add lines 8 through 11 (r | 565,454 | 525,672 | | | | | | |
| _ | | | d similar amounts paid (Part | · · · · · · · · · · · · · · · · · · · | | | 0 | 0 | | | |
| | | | aid to or for members (Part I) | 0 | 0 | | | | | | |
| | | | | | | | | | | | |
| Expenses | l . | | ther compensation, employee | | | | 280,006 | 334,378 | | | |
| ē | | | al fundraising fees (Part IX, o | | | | 0 | U | | | |
| х | | | raising expenses (Part IX, co | iumn (D), line 25) | 26,837 | | | | | | |
| _ | | - | enses (Part IX, column (A), lir | | | | 209,340 | 213,845 | | | |
| | | | nses. Add lines 13–17 (must | | | | 489,346 | 548,223 | | | |
| | | Revenue le | ess expenses. Subtract line 1 | 18 from line 12 | | | 76,108 | -22,551 | | | |
| Net Assets or Fund Balances | | | | | | Beginning of Cu | rrent Year | End of Year | | | |
| sset | 20 | | ts (Part X, line 16) | | | | 484,346 | 430,006 | | | |
| A A | 21 | | ties (Part X, line 26) | | | | 116,997 | 85,208 | | | |
| _ | | | or fund balances. Subtract | line 21 from line 20 | | | 367,349 | 344,798 | | | |
| Pa | art II | Signatu | re Block | | | | | | | | |
| | | | , I declare that I have examined this e. Declaration of preparer (other than | | | | | my knowledge and belief, it is | | | |
| | | | | | | | | | | | |
| Sig | gn | Signature | of officer | | | Da | ate | | | | |
| He | re | James C | allahan, Secretary | | | | | | | | |
| | | | rint name and title | | | | | | | | |
| _ | | | e preparer's name | Preparer's signature | | Date | Chack | if PTIN | | | |
| Pa | | 1 | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | Check self-emp | ─ '' | | | |
| | eparer | L Ciuma'a man | mo | | | E: | 1 ' | · | | | |
| Us | e Only | Firm's nan | | | | | 's EIN | | | | |
| Ma | v the IP | Firm's add | this return with the preparer | shown above? See inc | tructions | Pho | ne no. | . Yes No | | | |
| ivia | יוו ביווי ע | o alboubb | and retain with the preparer | SHOWIT ADOVE: DEE IIIS | | | | . LICS LINU | | | |

| 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. |
| 4a | (Code:) (Expenses \$ 387,697 including grants of \$) (Revenue \$ 144,867) |
| та | Girls on the Run Greater Houston held after-school programs serving 1,669 girls at 125 sites around the Greater Houston area |
| | (Harris, Ft. Bend, and Montgomery Counties) in 2023. 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. 1,545 3rd-5th graders participated in "Girls |
| | on the Run" programs at 113 sites and 124 6th-8th graders participated in the "Heart & Sole" program at 12 sites. 57% of the girls |
| | pay an average of \$35 for a program that cost \$333 per girl. And the rest pay only \$165. 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 provided over \$130,000 in financial assistance through substantially reduced fees including -0- fees to disadvantaged |
| | girls in 2023. 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. |
| | 691 volunteers including 537 unpaid coaches donated their time and effort to Girls on the Run in 2023. 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 |
| 41 | after-school time on behalf of young girls across the Greater Houston area. COME JOIN US!! |
| 4b | (Code:) (Expenses \$ 85,407 including grants of \$) (Revenue \$ 52,600) |
| | 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 its 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 |
| | healthExpress joy, optimism, and gratitude through our words, thoughts, and actionsLead with an open heart and assume |
| | positive intentLEARN. LIVE. DREAM. RUN! |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | (Code:) (Expenses ψ) |
| | |
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| | |
| 74 | Other program services (Describe on Schedule O.) |
| 4d | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) |
| 4e | Total program service expenses 473,104 |
| - | 1 U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

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| | 90 (2023) | | | Page |
|----------|---|------------|----------|---------------------------------------|
| Part | 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 | res | INC |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | <i>V</i> | |
| 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 | 3 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 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? If "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 "Yes," 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 "Yes," 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</i> "Yes," <i>complete Schedule D, Part IX</i> | 11d | ~ | |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11e 11f | V | - |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | , | |
| 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 | | , |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ~ |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? 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 | 14a | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 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? If "Yes," complete Schedule F, Parts III and IV. | 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

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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20a

20b

| 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? If "Yes," complete Schedule J | 23 | | V |
| 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 | | V |
| 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? If "Yes," complete Schedule L, Part IV | 28c | | ~ |
| 29 30 | Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | ~ |
| | conservation contributions? If "Yes," complete Schedule M | 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 | | \(\triangle \) |
| 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 | | _ |
| 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 | | ~ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ~ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 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 | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 | | 169 | 140 |
| b | Enter the number of Forms W-2G included on 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 (gambling) winnings to prize winners? | | | |
| | reportable garning (garnoling) withings to prize withers: | 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 6 | | | |
| 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 | | <i>\</i> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ~ |
| c 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| ou | 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 gifts were not tax deductible? | 6b | | - |
| 7 | Organizations that may receive deductible contributions under section 170(c). | UD | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 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? | 7с | | > |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | 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 | 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: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter: | | | |
| 11 | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| - | against amounts due or received from them.) | | | |
| 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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. | | | |
| 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 | | | |
| C 1/12 | Enter the amount of reserves on hand | 14a | | •/ |
| 14a b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14a 14b | | / |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | טדו | | |
| | 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 10 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V 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 | officer, director, | or trustee. |
|---|-----------------------|---------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------|------------------------------|--|
| | | | | • | C) | | | | | |
| (A) | (B) | (طء | ot -! | | sition | | one | (D) | (E) | (F) |
| Name and title | Average | | | | | e than o i is both | | Reportable | Reportable | Estimated amount |
| | hours per week | officer and a director/trustee) | | | | _ | _ | compensation from the | compensation from related | of other compensation |
| | (list any | Individual trustee or director | Inst | Officer | Key employee | High | Former | organization (W-2/ | organizations (W-2/ | from the |
| | hours for related | vidu | Institutional trustee | cer | em | nest | mer | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | organization and related organizations |
| | organizations | or all tr | onal | | ploy | e con | | 1000 1420) | 1000 1420) | Tolated organizations |
| | below dotted line) | uste | trus | | ee | lpen | | | | |
| | dotted line) | ď | tee | | | Highest compensated employee | | | | |
| Mary T Callahan | 40.00 | | | | | <u> </u> | | | | |
| CEO | 0.00 | ~ | | ~ | 1 | _ | | 118,501 | 0 | 0 |
| Dave Lee | 2.00 | Ť | | Ť | Ť | | | 110,301 | | |
| Chairman | 0.00 | 1 | | | | | | 0 | 0 | 0 |
| Kristen Jones | 2.00 | | | | | | | | | |
| Director | 0.00 | 1 | | | | | | 0 | 0 | 0 |
| Jeanette Margle | 2.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Frank Bilotti | 2.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Colleen Cockrum | 2.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Jamie Hons | 2.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Michael McDonough | 2.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Kathy Collins | 2.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Jay Callahan | 10.00 | | | | | | | | | |
| Secretary | 0.00 | | | ~ | | | | 0 | 0 | 0 |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
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| | | 1 | | | | | | | | |

| Part | VII Section A. Officers, Directors, 1 | rustees, | Key I | Em | plo | yee | s, an | d F | lighest Compe | ensated Emplo | yees (continued) |
|-------|--|---|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--|---------------------------------------|---|--|
| | (A) Name and title | (B) Average hours | box, | unles | Pos neck ss pe | rson | e than o | n an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | infilifications (W-2 organizations (W-2 1099-MISC/ 1099-NEC) | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b | Subtotal | | | <u> </u> | | | | <u>. </u> | 118,501 | (| 0 |
| c | Total from continuation sheets to Part | | | | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | | 118,501 | ceived more | _ |
| | reportable compensation from the organi | | | ,u (| | | | LCG | 1 | | |
| 3 | Did the organization list any former of | | | | | | | | | | |
| 4 | employee on line 1a? If "Yes," complete 8 For any individual listed on line 1a, is the | | | | | | | | | | e 3 / |
| | organization and related organizations individual | greater th | an \$1 | 150, | .000 |)? <i>I</i> | f "Ye. | s," | complete Sched | dule J for such | 4 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | tion or individua | 5 V |
| Secti | on B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five high compensation from the organization. Report | nest component | ensate satior | ed n fo | inde r the | epe e ca | ndent lenda | co r ye | entractors that rear ending with or | received more within the orga | than \$100,000 of nization's tax year. |
| | (A) Name and business add | Iress | | | | | | | (B) Description of serv | vices | (C) Compensation |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | ted to | th | nose listed abov | e) who | |

Page 8

Part VIII Statement of Revenue

| | | Check if Schedule | Осо | intains a re | espon | 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 |
| is, | 1a | Federated campaig | ns . | | 1a | 0 | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | 1b | 0 | | | | |
| G. | C | Fundraising events | | | 1c | 128,219 | | | | |
| Ę, | d | Related organization | | | 1d | 0 | | | | |
| 를 돌 | e | Government grants | | | 1e | 0 | | | | |
| s, (| f | All other contribution | | | 16 | U | | | | |
| S S | • | and similar amounts no | | | | | | | | |
| E E | | | | | 1f | 91,259 | | | | |
| 윤된 | g | Noncash contribution | | | | | | | | |
| ק ק | | lines 1a-1f | | | 1g | \$ 0 | | | | |
| B S | h | Total. Add lines 1a- | -1f . | | | | 219,478 | | | |
| | | | | | | Business Code | | | | |
| 9 | 2a | Participant Registra | tion ir | ncomne | | 624110 | 144,867 | 144,867 | 0 | 0 |
| ام جَ | b | 5K Race Registration | | | | 624110 | 52,600 | 52,600 | 0 | 0 |
| S E | C | | | | | 021110 | 02,000 | 02,000 | | |
| ΕĒ | d | | | | | | | | | |
| gram Ser Revenue | | | | | | | | | | |
| Program Service Revenue | e | A II - ±1 | | | | | | _ | | |
| ₫ | f | All other program se | | | | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a- | | | | | 197,467 | | | |
| | 3 | Investment income | | | | | | | | |
| | | other similar amoun | - | | | Į. | 18,313 | 18,313 | 0 | 0 |
| | 4 | Income from investr | ment o | of tax-exen | npt bo | nd proceeds | 0 | 0 | 0 | 0 |
| | 5 | Royalties | | | | | 0 | 0 | 0 | 0 |
| | | | | (i) Rea | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | C | Rental income or (loss) | 6c | | 0 | 0 | | | | |
| | d | Net rental income o | | c) | | | | | | |
| | ` | | 1 (103. | (i) Securi | | (ii) Other | | | | |
| | 7a | Gross amount from | | (i) Gecuii | 1103 | (ii) Other | | | | |
| | | sales of assets other than inventory | _ | | | | | | | |
| | _ | - | 7a | | | | | | | |
| e | b | Less: cost or other basis | | | | | | | | |
| Revenue | | and sales expenses . | 7b | | | | | | | |
| ě | С | Gain or (loss) | 7с | | 0 | 0 | | | | |
| | d | Net gain or (loss) | | | | | | | | |
| Other | 8a | Gross income fro | m fu | ındraisina | | | | | | |
| ಕ∣ | | events (not including | | 128,219 | | | | | | |
| | | of contributions re | | | 1 | | | | | |
| | | 1c). See Part IV, line | | | 8a | 163,556 | | | | |
| | h | Less: direct expens | | | 8b | 73,142 | | | | |
| | b | Net income or (loss | | | | | 00.414 | | | 00.444 |
| | C | • | , | | ig eve | nts | 90,414 | | 0 | 90,414 |
| | 9a | Gross income 1 | | | _ | | | | | |
| | | activities. See Part | | | 9a | | | | | |
| | b | Less: direct expens | es . | | 9b | | | | | |
| | С | Net income or (loss) |) from | n gaming a | ctivitie | es | | | | |
| | 10a | Gross sales of in | nvent | ory, less | | | | | | |
| | | returns and allowan | ces | | 10a | | | | | |
| | b | Less: cost of goods | sold | | 10b | | | | | |
| | | Net income or (loss) | | | | bry | | | | |
| " | | | , | | | Business Code | | | | |
| ñc [| 11a | | | | | 24011030 0040 | | | | |
| Je l | _ | | | | | | | | | |
| la eu | b | | | | | | | | | |
| scellaneo Revenue | C | A.IIII | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | | | |
| | | Total. Add lines 11a | | | | | 0 | | | |
| | 12 | Total revenue. See | instr | uctions | | | 525,672 | 215,780 | 0 | 90,414 |

Part IX Statement of Functional Expenses

| Section 50 | 1(c)(3) | and 50 | 1(c)(4) | organ | izations ı | nust comple | te all col | umns. i | All oth | er or | ganizat | ions must | comple | ete colu | ımn (A | l). | |
|------------|---------|--------|---------|-------|------------|-------------|------------|---------|---------|-------|---------|-----------|--------|----------|--------|-----|--|
| , | | | | _ | | | | | | | | | | | | | |

| | Check if Schedule O contains a response | | e in this Part IX . | | · · · · <u> </u> |
|---------------|--|-----------------------|---|-------------------------------------|---------------------------------------|
| | t include amounts reported on lines 6b, 7b, , 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 | 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 | · · | 0 | | |
| | 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 | 0 118,501 | 106,651 | 5,925 | 5,925 |
| 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 | 176,281 | 158,653 | 8,814 | 8,814 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 17,993 | 16,191 | 901 | 901 |
| 10 | Payroll taxes | 21,603 | 19,445 | 1,079 | 1,079 |
| 11 | Fees for services (nonemployees): | | | | |
| a b | Management | 0 | 0 | 0 | 0 |
| C | Legal | 7,270 | 0 | 7,270 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column | 0 | 0 | 0 | 0 |
| g | (A), amount, list line 11g expenses on Schedule O.) | | | 0 | 0 |
| 12 | Advertising and promotion | 948 | 0 316 | 0 316 | <u>0</u> 316 |
| 13 | Office expenses | 31,445 | 15,723 | 7,861 | 7,861 |
| 14 | Information technology | 1,850 | 1,480 | 0 | 370 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 0 | 0 | 0 | 0 |
| 17 18 | Travel | 0 | 0 | 0 | 0 |
| | for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings . | 11,102 | 9,386 | 858 | 858 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 23 | Depreciation, depletion, and amortization . Insurance | 2,850 | 1,424 | 713 0 | 713 0 |
| 23 24 | Other expenses. Itemize expenses not covered | 6,761 | 6,761 | 0 | 0 |
| | 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 | 85,407 | 85,407 | 0 | 0 |
| b C | License Fees After-school program expenses | 14,545 51,667 | 0 51,667 | 14,545 | 0 |
| d | Arter-scribbi program expenses | 31,007 | 31,007 | 0 | 0 |
| е | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 548,223 | 473,104 | 48,282 | 26,837 |
| 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) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this P | Part X | | <u> </u> |
|-----------------------------|-----|---|------------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 76,589 | 1 | 26,233 |
| | 2 | Savings and temporary cash investments | 344,774 | 2 | 342,286 |
| | 3 | Pledges and grants receivable, net | | 3 | 0 |
| | 4 | Accounts receivable, net | | 4 | 0 |
| | 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 | 0 |
| | 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 | 0 |
| ţ | 7 | Notes and loans receivable, net | | 7 | 0 |
| Assets | 8 | Inventories for sale or use | | 8 | 0 |
| Ÿ | 9 | Prepaid expenses and deferred charges | 905 | 9 | 14,385 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 21,966 | 8 | | |
| | b | Less: accumulated depreciation 10b | 2 3,917 | 10c | 5,926 |
| | 11 | Investments—publicly traded securities | | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | 0 |
| | 14 | Intangible assets | | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 58,161 | 15 | 41,176 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 484,346 | | 430,006 |
| | 17 | Accounts payable and accrued expenses | 41,029 | | 38,624 |
| | 18 | Grants payable | | 18 | 0 |
| | 19 | Deferred revenue | 10,000 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | 0 |
| 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 | 0 |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 0 |
| | 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 | | 0.5 | 47.504 |
| | 26 | Total liabilities. Add lines 17 through 25 | 65,968 | _ | 46,584 |
| | 20 | Organizations that follow FASB ASC 958, check here | 116,997 | 20 | 85,208 |
| ő | | and complete lines 27, 28, 32, and 33. | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | 367,349 | 27 | 344,798 |
| Ba | 28 | Net assets with donor restrictions | 0 | 28 | 0 |
| nd | | Organizations that do not follow FASB ASC 958, check here | 0 | | |
| 교 | | and complete lines 29 through 33. | | | |
| Net Assets or Fund Balances | 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 | |
| ìt ⊿ | 32 | Total net assets or fund balances | 367,349 | 32 | 344,798 |
| ž | 33 | Total liabilities and net assets/fund balances | 484,346 | 33 | 430,006 |
| | | | | | 200 |

| Part | XI Reconciliation of Net Assets | | | - | |
|------|--|----------|----|-----|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | 52 | 5,672 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | 548 | 8,223 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | -2 | 2,551 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | 36 | 7,349 |
| 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)) | | | 34 | 4,798 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | | \Box |
| | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain | on | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | ~ |
| | 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 | ~ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited or | ı a | | | |
| | separate 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 | | | | |
| | 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 Schedule O. | on | | | |
| 3a | | the | | | |
| | 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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | required desired and the desired of the desired any stope taken to undergo such desired | ·` | JD | | |

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Employer identification number

| | | THE RUN GREATER HOUSTO | | | | | | 42328 | |
|-------|-------------|---|-----------------------------------|--|------------------------|---------------------------|--|-----------|-------------------------------|
| Par | | Reason for Public Cha | | | | | | ons. | |
| The c | _ | zation is not a private founda | | , | | - | • | | |
| 1 | | church, convention of church | | | | | '0(b)(1)(A)(i). | | |
| 2 | | school described in section | | | - | - | 43.7.43.7.113 | | |
| 3 | | hospital or a cooperative hospital | | | | | | ···· – | |
| 4 | _ | medical research organizationspital's name, city, and state | • | onjunction with a nosp | oitai desc | ribea in s | section 170(b)(1)(A) | (III). En | ter the |
| _ | | ospital s hame, city, and state of organization operated for | | a allaga ay university | | | ad by a gayaranaant | oloit | doogribed in |
| 5 | se | ection 170(b)(1)(A)(iv). (Com | olete Part II.) | | | · | | ai uiiii | described in |
| 6 | | federal, state, or local govern | | | | | | | |
| 7 | | n organization that normally | | | port from | a gover | nmental unit or fron | n the g | eneral public |
| | | escribed in section 170(b)(1) | | | | | | | |
| 8 | _ | community trust described in | | | | | | | |
| 9 | | n agricultural research organ | | | | | | | |
| | ur | university or a non-land-gra niversity: | | • | , | | • | | |
| 10 | ∠ Ar | n organization that normally recipts from activities related | eceives (1) more | than $33^{1}/3\%$ of its su | pport fro | m contrib | outions, membership | fees, | and gross |
| | re su | ceipts from activities related upport from gross investment | to its exempt full income and uni | nctions, subject to ce related business taxal | rταιη exc ble incon | eptions; a ne (less se | and (2) no more than ection 511 tax) from | busine | o ot its esses |
| | ac | equired by the organization a | fter June 30, 197 | 75. See section 509(a | a)(2). (Co | nplete Pa | art III.) | | |
| 11 | ☐ Ar | n organization organized and | operated exclus | sively to test for public | c safety. | See sect | ion 509(a)(4). | | |
| 12 | | n organization organized and | | | | | | | |
| | | ne or more publicly supported | | | | | | | |
| | th | e box on lines 12a through 12 | | * | | | • | | - |
| а | | Type I. A supporting organ | | | | | | | |
| | | the supported organization | | | | | the directors or trust | ees of | the |
| | | supporting organization. Y | | · · | | | | | |
| b | | Type II. A supporting organ | | | | | | | |
| | | control or management of | | | | persons | that control or man | age the | e supported |
| | | organization(s). You must | - | - | | | | - 11 ! | |
| С | | Type III functionally integ its supported organization(| | | | | | any inte | grated with, |
| d | | Type III non-functionally i | ntegrated. A su | pporting organization | operated | d in conn | ection with its suppo | orted o | rganization(s) |
| | _ | that is not functionally integ | | | | | | | |
| | | requirement (see instruction | | | | | | | |
| е | | Check this box if the organ | ization received | a written determination | on from t | ne IRS th | at it is a Type I. Type | e II. Tvi | pe III |
| | | functionally integrated, or | | | | | | , ,, | |
| f | Ente | er the number of supported o | organizations . | | | | | | |
| g | Prov | vide the following information | about the supp | orted organization(s). | | | | | |
| | (i) Nan | ne of supported organization | (ii) EIN | (iii) Type of organization | , , | organization | (v) Amount of monetary | |) Amount of |
| | | | | (described on lines 1–10 above (see instructions)) | | ur governing ment? | support (see instructions) | 1 | r support (see structions) |
| | | | | asoro (666 mena6116)) | | | | | oaoo, |
| | | | | | Yes | No | | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| | | | | | | | | | |
| (C) | | | | | | | | | |
| | | | | | | | | | |
| (D) | | | | | | | | | |
| /E\ | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

Schedule A (Form 990) 2023 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) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (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) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (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 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2023 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 | on A. Public Support | | | • | • | , | · |
|---------|--|-----------------|-----------------|----------------|-----------------|-----------------|-----------|
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | 595,204 | 108,297 | 279,930 | 426,355 | 362,492 | 1,772,278 |
| 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 | 144,433 | 64,891 | 123,891 | 134,694 | 144,867 | 612,776 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | 4,405 | 18,313 | 22,718 |
| 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 Amounts included on lines 1, 2, and 3 | 739,637 | 173,188 | 403,821 | 565,454 | 525,672 | 2,407,772 |
| | 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 | | | | | | |
| • | · · · · · · · · · · · · · · · · · · · | 422,190 | 15,050 | 6,401 | 215,617 | 122,701 | 781,959 |
| с 8 | Public support. (Subtract line 7c from line 6.) | 422,190 | 15,050 | 6,401 | 215,617 | 122,701 | 781,959 |
| Sacti | on B. Total Support | | | | | | 1,625,813 |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | 739,637 | 173,188 | 403,821 | 565,454 | 525,672 | 2,407,772 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 707,007 | 9 | 100/021 | 555/161 | 320,072 | 9 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 0 | 9 | 0 | 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.) | 739,637 | 173,197 | 403,821 | 565,454 | 525,672 | 2,407,781 |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop he | organization's | first, second, | third, fourth, | or fifth tax ye | | 501(c)(3) |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2023 (line 8 | | | 3, column (f)) | | 15 | 67.52 % |
| 16 | Public support percentage from 2022 Sch | | | · · · · · | <u></u> . | 16 | 66.4 % |
| Secti | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2023 (| | | - | | 17 | 0 % |
| 18 | Investment income percentage from 2022 | | | | | 18 | 0 % |
| 19a | 33 ¹ / ₃ % support tests—2023. If the organi | | | | | | |
| | 17 is not more than 33 ¹ / ₃ %, check this box | - | = | - | | _ | _ |
| b | 331/3% support tests – 2022. If the organiz line 18 is not more than 331/3%, check this back this back the support tests – 2022. | | | | | | |
| 20 | Private foundation. If the organization di | d not check a h | oox on line 14 | 19a or 19b c | heck this box | and see instruc | tions |

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

(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

| Secti | 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 | | |
| 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. | | | |
| 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. | 3b 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 | | |
| 5а | 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 | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 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). | 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)? <i>If "Yes," answer line 10b below.</i> | 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.)

Schedule A (Form 990) 2023 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

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| | | | | . ago - |
|------|--|--------|----------------------------|-----------------------------|
| Part | Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | izations | |
| 1 | ☐ Check here if the organization satisfied the Integral Part Test as a qualifying | | | |
| | instructions. All other Type III non-functionally integrated supporting organ | nizat | ions must complete Sect | |
| Sect | tion 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 | | |
| Sect | tion 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 | 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 | ☐ Check here if the current year is the organization's first as a non-functional | ally i | integrated Type III suppor | ting organization |
| | (see instructions). | | | |

Schedule A (Form 990) 2023 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 2023 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-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 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

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

| varrie C | i tile organization | | Employer identification number |
|----------|---|---|--|
| GIRLS | ON THE RUN GREATER HOUSTON | | 41-2142328 |
| Par | t I Organizations Maintaining Donor Advi | sed Funds or Other Similar Fund | ds or Accounts |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 6. | |
| | | (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 | dvisors in writing that the assets he | ald in donor advised |
| 3 | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, ar | = = | |
| U | only for charitable purposes and not for the benefit | | |
| | conferring impermissible private benefit? | | |
| | | | Yes No |
| Par | | | |
| | Complete if the organization answered " | | |
| 1 | Purpose(s) of conservation easements held by the o | | |
| | Preservation of land for public use (for example, recreation) | ation or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | of a historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation o | of a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization hel | d a qualified conservation contributio | 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 | | |
| C | Number of conservation easements on a certified hi | | 2c |
| ď | Number of conservation easements included on line | | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, trans | | |
| Ū | tax year | refred, released, extinguished, or terr | Timated by the organization during the |
| 4 | Number of states where property subject to conserv | vation easement is located | |
| 5 | Does the organization have a written policy region | | pection handling of |
| • | violations, and enforcement of the conservation eas | | |
| 6 | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ung, nanding of violations, and emorcing | g conservation easements during the year |
| 7 | Amount of expanses incurred in monitoring inspecting | , handling of violations, and enforcing | concentation comments during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting | g, riandling of violations, and emorcing | conservation easements during the year |
| 8 | Does each conservation easement reported on line | and above esticts the requirements of | acation 170/b\(4\(P\(i\ |
| 0 | | | |
| 9 | and section 170(h)(4)(B)(ii)? | annormation apparants in its revenue | end expanse statement and belongs |
| Э | sheet, and include, if applicable, the text of the foot | | |
| | organization's accounting for conservation easemer | <u> </u> | deficites that describes the |
| _ | <u> </u> | | <u> </u> |
| Part | | | Other Similar Assets |
| | Complete if the organization answered " | | |
| 1a | If the organization elected, as permitted under FAS | · | |
| | of art, historical treasures, or other similar assets | | |
| | service, provide in Part XIII the text of the footnote to | o its financial statements that describ | es these items. |
| b | If the organization elected, as permitted under FAS | | |
| | art, historical treasures, or other similar assets held | · | search in furtherance of public service, |
| | provide the following amounts relating to these item | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | \$ |
| 2 | If the organization received or held works of art, | historical treasures or other similar | assets for financial gain, provide the |
| _ | following amounts required to be reported under FA | | 34, p. 21.30 tilo |
| а | Revenue included on Form 990, Part VIII, line 1 . | - | \$ |
| a b | Assets included in Form 990, Part X | | Ψ ¢ |
| IJ | Assets included in Form 330, Fall A | | φ |

| Schedu | le D (Form 990) 2023 | | | | | | | | | Page 2 |
|--------|--|--------------------|----------------|--------------|------------------------|----------|-------------------------|---------------|----------|--------|
| Part | Organizations Maintaining | Collections of | Art. His | torical T | reasures | . or Ot | her Similar A | ssets (c | | |
| 3 | Using the organization's acquisition, collection items (check all that apply). | | | | | | | | | |
| а | Public exhibition | | d | ☐ Loan o | or exchang | e progi | ram | | | |
| b | Scholarly research | | e | Other | _ | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organizat XIII. | | and expl | ain how th | ney further | the org | ganization's exe | mpt purp | ose ir | n Par |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | ′es 「 | □No |
| Part | IV Escrow and Custodial Arra | ngements | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | • | on Fo | rm 990, F | Part IV, line | e 9, or | reported an ar | mount c | n For | m |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | - | | | | | ′es [| ☐ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and compl | ete the fo | ollowing ta | ıble. | | | | | |
| | | | | | | | P | Amount | | |
| С | Beginning balance | | | | | 10 | ; | | | |
| d | Additions during the year | | | | | 10 | 1 | | | |
| е | Distributions during the year | | | | | 16 | | | | |
| f | Ending balance | | | | | 11 | 1 | | | |
| 2a | Did the organization include an amour | | | | | ustodia | l account liabilit | v? 🗌 Y | es [| No |
| b | If "Yes," explain the arrangement in Pa | | | | | | | • | _ | |
| | t V Endowment Funds | | | | | | | | | |
| | Complete if the organization | answered "Yes | on Fo | rm 990, F | art IV, line | e 10. | | | | |
| | · | (a) Current year | 1 | ior year | (c) Two yea | | (d) Three years bac | k (e) Fo | ur years | back |
| 1a | Beginning of year balance | | | | | | | | - | |
| b | Contributions | | | | | | | | | |
| С | 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 t | he current vear er | ⊥ nd haland | ce (line 1a | column (a | a)) held | as. | | | |
| a | Board designated or quasi-endowmer | - | % | oo (iiilo 19 | , column (c | ijj Hola | ao. | | | |
| b | Permanent endowment | % | 70 | | | | | | | |
| c | Term endowment % | 70 | | | | | | | | |
| · | The percentages on lines 2a, 2b, and | 2c should equal 1 | nn% | | | | | | | |
| 3a | Are there endowment funds not in the organization by: | | | ization tha | at are held | and ad | ministered for t | he | Yes | No |
| | | | | | | | | 3a(i | | 1 |
| | - III | | | | | | | 3a(ii | | |
| h | If "Yes" on line 3a(ii), are the related o | | | | | | | 3b | + | |
| 4 | Describe in Part XIII the intended uses | • | • | | | | | 0.5 | | - |
| Part | | | J Jilu | | | | | | | |
| | Complete if the organization | | on Fo | rm 990. F | Part IV. line | e 11a | See Form 990 | . Part X | . line | 10. |
| | Description of property | (a) Cost or o | ther basis | (b) Cost o | r other basis ther) | (c) | Accumulated epreciation | | ook valu | |
| 1a | Land | | 0 | 1 | 0 | | | | | 0 |
| b | Buildings | | 0 | + | 0 | | 0 | | | 0 |
| ~ C | Leasehold improvements | | 3,850 | _ | 0 | | 3,850 | | | 0 |
| d | Equipment | | 18,118 | | 0 | | 12,192 | | | 5,926 |

0

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

0

e Other

0

0

| Part VII | Investments – Other Securities | | , <u> </u> |
|------------------|---|--------------------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part | t IV, line 11b. See | 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 | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | (I) (F) (OO) D (V) (F) (OO) | | |
| | mn (b) must equal Form 990, Part X, line 12, col. (B)) | | |
| Part VIII | Investments—Program Related | N/ Eng 11a Cool | Taure 000 Davit V line 10 |
| | Complete if the organization answered "Yes" on Form 990, Part | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (4) | | | , |
| (1) | | | |
| (2) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, line 13, col. (B)) | | |
| Part IX | Other Assets | • | - |
| | Complete if the organization answered "Yes" on Form 990, Part | t IV, line 11d. See | Form 990, Part X, line 15. |
| | (a) Description | | (b) Book value |
| (1) Right of | use asset-building lease | | 41,176 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | rear (b) result are all Forms 000. Port V. line 15, and (D)) | | |
| Part X | mn (b) must equal Form 990, Part X, line 15, col. (B)) | | 41,176 |
| PartA | Complete if the organization answered "Yes" on Form 990, Parl | + IV line 11e or 11f | See Form 990 Part Y |
| | line 25. | iv, ille i le oi i i i | . See Form 990, Fart X, |
| 1. | (a) Description of liability | | (b) Book value |
| (1) Federal in | | | (b) Book value |
| | use liability-building lease | | 46,584 |
| (3) | ase hability building lease | | 40,354 |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | mn (b) must equal Form 990, Part X, line 25, col. (B)) | | 46,584 |
| 2. Liability for | uncertain tax positions. In Part XIII, provide the text of the footnote to the orga | anization's financial st | atements that reports the |
| organization' | s liability for uncertain tax positions under FASB ASC 740. Check here if the te | xt of the footnote has | been provided in Part XIII . |

Schedule D (Form 990) 2023 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. 525,672 Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Net unrealized gains (losses) on investments 0 Donated services and use of facilities 0 h Recoveries of prior year grants 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2e 3 3 Subtract line **2e** from line **1** 525,672 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 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.) 5 525,672 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 548,223 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 0 Prior year adjustments 2b 0 Other losses 2c 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d . . 2e 3 3 Subtract line 2e from line 1 548,223 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 Other (Describe in Part XIII.) 4b 0 Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 548,223 **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.

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.

OMB No. 1545-0047

Department of the Treasury Na

| Name of the or | · · · · · · · · · · · · · · · · · · · | o to www.irs.gov/F | ormeed for in | structions an | d the latest informati | Employer identifi | Inspection |
|----------------|---|--|---------------|--|-----------------------------------|--|---|
| | THE RUN GREATER HOUSTO | N | | | | ' ' | -2142328 |
| Part I | Fundraising Activities. Form 990-EZ filers are n | Complete if th | | | vered "Yes" on | | |
| 1 Indic | cate whether the organizatio | n raised funds t | hrough any | of the follo | owing activities. C | heck all that apply. | |
| | Mail solicitations | | е | | on of non-govern | - | |
| | nternet and email solicitation | าร | f | | on of governmen | | |
| _ | Phone solicitations | | g L | J Special f | undraising events | 3 | |
| | n-person solicitations | | | and the although | | | L |
| | the organization have a writ ey employees listed in Form | | | | | | |
| b If "Y | es," list the 10 highest paid pensated at least \$5,000 by | individuals or e | ntities (fund | | • | • | |
| (i) Nan | ne and address of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have r 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 . | | | | | | | |
| | all states in which the orga | nization is regis | tered or lic | ensed to s | olicit contribution | s or has been notifi | ed it is exempt from |
| | stration or licensing. | , and the second | | | | | · |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

| | | gross receipts greater the | μη φο,ουο. | | | |
|-----------------|---------------|----------------------------------|-----------------------------|--|------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| ө | | | Sneaker Soiree | RunRaisers | 0 | (add col. (a) through col. (c)) |
| | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 125,510 | 38,680 | | 164,190 |
| Œ | 2 | Less: Contributions | 15,069 | 38,680 | | 53,749 |
| | 3 | Gross income (line 1 | 13,007 | 30,000 | | 30,147 |
| | _ | minus line 2) | 110,441 | 0 | | 110,441 |
| | | | | | | |
| | 4 | Cash prizes | 0 | 0 | | 0 |
| | | | | | | |
| | 5 | Noncash prizes | 10,000 | 0 | | 10,000 |
| SS | • | D 1/6 333 | | _ | | |
| Direct Expenses | 6 | Rent/facility costs | 44,272 | 0 | | 44,272 |
| xbe | 7 | Food and beverages | 0 | 0 | | |
| ΉE | • | rood and beverages | U | U | | 0 |
| irec | 8 | Entertainment | 1,200 | 0 | | 1,200 |
| D | Ū | Entertainment | 1,200 | | | 1,200 |
| | 9 | Other direct expenses . | 13,494 | 1,876 | | 15,370 |
| | | · | | | | .,. |
| | 10 | Direct expense summary. Ac | 70,842 | | | |
| | 11 | Net income summary. Subtr | act line 10 from line 3, o | olumn (d) | | 39,599 |
| 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. | I | T | |
| ne | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | biligo/progressive biligo | | coi. (a) through coi. (c) |
| Re | 1 | Cross revenue | | | | |
| _ | | Gross revenue | | | | |
| S | 2 | Cash prizes | | | | |
| Direct Expenses | _ | Guerr pri.200 1 1 1 1 1 1 | | | | |
| cpe | 3 | Noncash prizes | | | | |
| t E | | · | | | | |
| rec | 4 | Rent/facility costs | | | | |
| Ö | | | | | | |
| | 5 | Other direct expenses . | | | | |
| | | | ☐ Yes % | | ☐ Yes % | |
| | 6 | Volunteer labor | ☐ No | │ | │ | |
| | - | Di | dal linea of Alemania Edina | - l (-l\ | | |
| | 7 | Direct expense summary. Ac | au iines ∠ through 5 in c | olumn (a) | | |
| | 8 | Net gaming income summar | v. Subtract line 7 from I | ine 1. column (d) | | |
| | | rtot garmig moomo camma. | y. Gubardot into 7 months | (4) | | |
| 9 | En | nter the state(s) in which the o | rganization conducts ga | ming activities: | | |
| | | the organization licensed to c | | | s? | Yes No |
| | | "No," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 10 | | ere any of the organization's of | | | | |
| | b If ' | "Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |

| Schedu | ule G (Form 990) 2023 | | 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 | Indicate the percentage of gaming activity conducted in: | | 0/ |
| a b | The organization's facility | | <u>%</u> |
| 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? | | ☐ 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 | Supplemental Information. Provide the explanations required by Part I, line 2b, columns of Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions. | | |
| | | | |
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| | | | |

SCHEDULE O (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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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 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 Greater Houston 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 it 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 statements are posted on its website and 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.