Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2019 calenda		<u>/01</u> , 2019,	and ending	_	12/31	, 20	19
В	Check if ap	oplicable:	C Name of organization			D Empl	oyer ide	ntification numl	ber
	Address o	change	GIRLS ON THE RUN OF GREATER RICHMON	ID			46	-1259357	
Н	Name cha	•	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	E Telep	hone nu	mber	
H	Initial retu		5806 Grove Avenue 114				804	1-358-1150	
H	Amended	n/terminated	City or town, state or province, country, and ZIP or for	eign postal code		F Grou	ıp Exen	nption	
Ħ		on pending	Richmond, VA, 23226			Num	ber 🕨		
G	Account	ting Method:	☐ Cash		Н	Check I	▶ ✓ if	the organization	on is not
1.1	Nebsite	e: ► gotrr	chmond.org					ch Schedule B	
JI	ax-exen			(insert no.) 4947(a)(1) or	r527	(Form 99	90, 990	-EZ, or 990-PF	·).
				sociation Other					
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross	receipts are \$200,000 or r	nore, or if total	assets			
(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form	990-EZ			▶ \$		115,316
_	art I		e, Expenses, and Changes in Net Ass				tions		
			the organization used Schedule O to resp		•			•	. 🔽
_	1		ns, gifts, grants, and similar amounts received				1		44,968
	2		ervice revenue including government fees a				2		69,822
	3	-	ip dues and assessments				3		0
	4	Investment					4		0
	5a		unt from sale of assets other than inventory	, , , , , , , , , , , , , , , , , , ,	ı		•		
	b		or other basis and sales expenses			0			
	C		ss) from sale of assets other than inventory		ne 5a)		5c		0
	6		d fundraising events:		nc oa)				
	a	•	ome from gaming (attach Schedule G	if greater than					
ē	"]	0			
Revenue	b		me from fundraising events (not including		Contribution				
ě	5		aising events reported on line 1) (attach So		Contribution	.			
Œ			h gross income and contributions exceeds			0			
	С		t expenses from gaming and fundraising ev			0			
	d		e or (loss) from gaming and fundraising ev		L d 6b and sub	otract			
	_	line 6c)		,			6d		0
	7a	,	s of inventory, less returns and allowances	1	1	526	- Ou		
	b		of goods sold			322			
	C		t or (loss) from sales of inventory (subtract	· · · · · <u> </u>	<u> </u>		7c		204
	8		nue (describe in Schedule O)				8		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9		114,994
_	10		similar amounts paid (list in Schedule O)				10		18,183
	11		aid to or for members				11		10,103
S			ther compensation, and employee benefits				12		65,758
Se	13		al fees and other payments to independent				13		2,168
Expenses	14		rent, utilities, and maintenance				14		1,927
X	15		ublications, postage, and shipping				15		450
_	16		enses (describe in Schedule O) .See Schedule				16		
	17		nses. Add lines 10 through 16				17		25,347
_	18		deficit) for the year (subtract line 17 from lin				18		113,833
ets	19		or fund balances at beginning of year (from in				10		1,161
SS	'						10		110 5//
Net Assets	20	=					19		113,566
Se	20		ges in net assets or fund balances (explain				20		0
_	21		or fund balances at end of year. Combine I			. 🟲	21	Form 990-E	114,727 7 (2010)
FOI	raper	work Keauct	ion Act Notice, see the separate instructions.	Cat.	No. 10642I			FORM JJU-E	~ (2019)

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Pa	Balance Sheets (see the instructions	,				_
	Check if the organization used Schedule	e O to respond to ar	· ·			•
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			114,098		109,970
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) See.Sch				24	4,757
25	Total dishibition (describe in Calabalula C)			114,098	_	114,727
26	Total liabilities (describe in Schedule O)			532	_	0
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom			113,566	21	114,727
rai	Check if the organization used Schedule	-		•		Expenses
Wha	t is the organization's primary exempt purpose?	<u> </u>		Part III	,	uired for section
					,	(c)(3) and 501(c)(4) anizations; optional for
	ribe the organization's program service accomplineasured by expenses. In a clear and concise n				othe	
	ons benefited, and other relevant information for e		s services provided	, the number of		,
•	Girls on the Run is a transformational physical activ		uth development pro	gram for girls in		
	3rd through 8th grade. We teach life skills through of			~		
	(Continued on Schedule O, Statement 4)		3.5.			
	(Grants \$ 18,183) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	66,286
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29a	1
30						
		includes foreign gra			30a	1
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	00/200
Par	List of Officers, Directors, Trustees, and Ke					<u>.</u>
	Check if the organization used Schedule	· ·	(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensatio		other compensation
Circ	e Black	2.00	0	•	0	0
	rd Chair	2.00	0		١	U
	ee Lenassi	2.00	0		0	0
	surer	-				ŭ
	ie Burke	40.00	44,650		0	0
	cutive Director	-				
Nan	cy Davidson	20.00	12,355		0	0
Prog	ram Manager					
Sus	n Beck	2.00	0		0	0
Dire	ctor					
Jess	Tobin	2.00	0		0	0
Gov	ernance Co-Chair					
Apri	Harper	2.00	0		0	0
Dire	ctor					
Dori	McGuire	2.00	0		0	0
	munications Co-Chair				\perp	
	n Dolecki	2.00	0		0	0
	munications Co-Chair				+	
	oria Hauser	2.00	0		0	0
	ernance Co-Chair				\perp	
	ie Bartlett	2.00	0		0	0
Seci	etary				+	

Form 990-EZ (2019)

Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Renee Lenassi Telephone no. ▶	757-37	3-3334	4
	Located at ► 5806 Grove Avenue 114, Richmond, VA 23226 ZIP + 4 ►	232	226	
b	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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1 62	No
	completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~

Page 3

U-EZ (20	119)						Р	age -
							Yes	No
			Parti			· 46		/
			stions 47–49h an	d 52 and d	complete th	e tables f	or line	20
	` ` ` ` ` ` `	o mast answer que	3110113 47 405 ari	a 02, ana (omplete th	c tables i	01 11110	
		edule O to respond	to any question in	n this Part V	1			
							Yes	No
Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in effec	t during the	tax		
year?	If "Yes," complete Schedule C, Part	II				. 47		~
Is the	organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," complet	e Schedule	Е	. 48		~
	•	-	•					~
								d key
empi	byees) who each received more than	\$100,000 of comper	isation from the org			e, enter in	ione.	
(a)	Name and title of each employee	(b) Average	(c) Reportable	contributio	ns to employee			
()	. tame and this or such employee	devoted to position				other com	npensat	ion
				55	50115411511			
-		* 4.00.000						
								41
				nt contracto	ors who each	n received	more	tnar
(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice	(C) Compensati	on	
Total	number of other independent contra	ctors each receiving	over \$100.000 .	. ▶				
		=		ganizations	must attacl	n a		
			, , , ,	-				No
						nowledge and	l belief,	it is
rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	er has any knov	vledge.			
					Date			
	Renee Lenassi, Treasurer Type or print name and title							
		Preparer's signature	T	Date		PTINI		
	Print/Type preparer's name	. Toparor a signature		Date	Check	l if		
	Firm's name	1		-	•	,,		
Jnly								
- IDC	discuss this return with the preparer	shown above? See i	nstructions		none no.	►		No.
	Did the to can vi and the to can vi and the year? Is the Did the If "Ye Compensation of the total Compensation of the total Did total Di	Section 501(c)(3) Organizations All section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization as e Complete this table for the organization's employees) who each received more than (a) Name and title of each employee Total number of other employees paid ove Complete this table for the organization's \$100,000 of compensation from the organ (a) Name and business address of each independ Total number of other independent contra Did the organization complete Schedu complete of organization complete Schedu complete of price, I declare that I have examined this received and complete organization of preparer (other than Total number of officer Print of officer Renee Lenassi, Treasurer Type or print name and title Print ype preparer's name Firm's name Firm's name Firm's name Firm's address ▶	Did the organization engage, directly or indirectly, in political of to candidates for public office? If "Yes," complete Schedule C, VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer que 50 and 51. Check if the organization used Schedule O to respond Did the organization engage in lobbying activities or have a syear? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii) Did the organization make any transfers to an exempt non-chain ("Yes," was the related organization a section 527 organization Complete this table for the organization's five highest compensemployees) who each received more than \$100,000 of compensemployees and title of each employee have been devoted to position. Total number of other employees paid over \$100,000	Did the organization engage, directly or indirectly, in political campaign activities to candidates for public office? If "Yes," complete Schedule C, Part I	Did the organization engage, directly or indirectly, in political campaign activities on behalf of to candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and 650 and 51. Check if the organization used Schedule O to respond to any question in this Part V Did the organization engage in lobbying activities or have a section 501(h) election in effective? If "Yes," complete Schedule C, Part II. Did the organization as shool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization? Sive highest compensated employees (other than of employees) who each received more than \$100,000 of compensation from the organization? (a) Name and title of each employee (b) Name provees (c) Perma W-2/1099-MISC) Total number of other employees paid over \$100,000 . Complete this table for the organization's five highest compensated independent contractor \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations completed Schedule A Print' per print name and title Print' per print nam	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposit to candidates for public office? If "Yes," complete Schedule C, Part 1	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1	Yes Section 501(c)(3) Organizations only Yes Section 501(c)(3) Organizations only Yes Section 501(c)(3) Organizations only Yes Yes Section 501(c)(3) Organizations only Yes Yes

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection Employer identification number

Name of the organization					Employer identification	number
GIRLS ON THE RUN OF GREATER RICHMOND 46-1259357						
Part I Reason for Public Cha						ns.
The organization is not a private founda 1 A church, convention of church		,		-	•	
2 A school described in section						
3 A hospital or a cooperative hos						
4 A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)((iii). Enter the
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
 A federal, state, or local govern An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				1 the general public
8 A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9 An agricultural research organi or university or a non-land-gra university:	zation described nt college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ole incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 33 ¹ / ₃ % of its
11 An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12 An organization organized and						
of one or more publicly support Check the box in lines 12a thro						
a Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting organization(s). You must	the supporting o	organization vested in	the same			
c Type III functionally integ						ally integrated with,
d Type III non-functionally integrity that is not functionally integrequirement (see instructionally integrity in the contraction of the contracti	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	
e Check this box if the organ functionally integrated, or	ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	II, Type III
f Enter the number of supported of						
g Provide the following information	about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 32,420 41,637 19,082 52,187 44,968 190,294 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 32,420 41,637 19,082 52,187 44,968 190,294 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) 61,214 **Public support.** Subtract line 5 from line 4 129,080 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 32,420 19,082 41,637 52,187 44,968 190,294 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 190,294 Gross receipts from related activities, etc. (see instructions) 12 191,113 First five 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 2019 (line 6, column (f) divided by line 11, column (f)) 67.83 % 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2018. 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 - 2019. 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 10%-facts-and-circumstances test - 2018. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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			, 1-	1	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support			T	1	T	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						_
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
40	ŭ ,						
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.)				661		504()(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a sectio	. , . ,
	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8						<u>%</u>
16	Public support percentage from 2018 Sch	iedule A, Part	III, line 15 .			16	<u>%</u>
	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (* * *	•	. , ,		%
18	Investment income percentage from 2018						<u>%</u>
19a	331/3% support tests—2019. If the organi						
_	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		_	_
b	331/3% support tests—2018. If the organiz						
00	line 18 is not more than 331/3%, check this b	_	_				_
20	Private foundation. If the organization di	a not check a	DOX on line 14.	, 19a, or 19b, (check this box	and see instru	Cuons 🟲 🔲

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Cu	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.	4		
_		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	_		
Ju	(b) and (c) below.	3a		
L		Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
_		JU		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 authority 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		U		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-		
_		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100		50		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
Secti	on 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e 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 1-1/2% 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 .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C-Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 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-functionall instructions).	y int	egrated Type III supporti	ng organization (see			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
GIRLS ON THE RUN OF GREATER RICHMOND	46-1259357
Form 990-EZ, Part I, Line 10 - cash contribution: 18,183	
Form 990-EZ, Part II, Line 26 - Accounts payable and accrued expenses	
1 orni 770-L2, i art ii, Line 20 - Accounts payable and accided expenses	

GIRLS ON THE RUN OF GREATER RICHMOND

Part I, Line 16

Form: **Form 990-EZ (2019)** EIN: **46-1259357**

Page: 1

Other Expenses Structured Explanation

Description	Amount
special event expenses	2,748
office expense	1,883
travel	2,684
insurance	2,386
bank fees	403
licensing	4,702
volunteer appreciation	281
curricula and related	310
coach training	703
coach bag	1,246
program shirts	2,082
5K materials	1,073
5K medals and ribbons	361
meals and entertainment	1,343
5K rentals	1,544
5K EMT and police	1,598
Total:	25,347

GIRLS ON THE RUN OF GREATER RICHMOND

Form: **Form 990-EZ (2019)** EIN: **46-1259357**

Page: 2 Part II, Line 24

Other Assets Structured Explanation

Description	EOY Amount
Fixed Asset	1,665
Pledge receivable current	3,092
Total:	4,757

GIRLS ON THE RUN OF GREATER RICHMOND

Form: Form 990-EZ (2019) EIN: 46-1259357

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

To inspire girls to be joyful, healthy and confident using a fun, experience-based curriculum which creatively integrates running.

GIRLS ON THE RUN OF GREATER RICHMOND

Form: Form 990-EZ (2019) EIN: 46-1259357
Page: 2 Part III, Line 28

First Brazen Carries Assemblishments Description

First Program Service Accomplishments Description

Description

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 of appreciation of health and fitness.