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CLIENT'S COPY



Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	-		_			
or calendar year 2019, or fiscal year beginning	${\sf JUL}$	1	, 2019, and ending	JUN	30	, 20 20

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number GIRLS ON THE RUN OF NORTHWEST OHIO 45-2510404 Name and title of officer LISA KREBS EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____1572. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ____ 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) 5a Form 8868 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize WILLIAM VAUGHAN COMPANY to enter my PIN ERO firm name Enter five numbers, but as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date 🕨 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 34613243537 number (EFIN) followed by your five-digit self-selected PIN.

confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Date $ightharpoonup _05/11/21$

ERO's signature ► WILLIAM VAUGHAN COMPANY

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

EXTENDED TO MAY 17, 2021

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

A F	or the	e 2019 calendar year, or tax year beginning し Jፒ	J <u>L 1,2019</u> and	lending J	<u>UN 30, 2020</u>	
	Check if pplicable	C Name of organization			D Employer identifi	cation number
	Addre	GIRLS ON THE RUN OF NOR	THWEST OHIO			
F	Name chang				45-25104	04
F	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	
	Final return	6024 RENATEGANCE DIACE	,	E	419-318-	
	termin ated				G Gross receipts \$	158,615.
	Ameno	, , , , , , , , , , , , , , , , , , , ,	or revergit pootal code		H(a) Is this a group r	
	Applic		A KREBS		for subordinates	
	pendir	6024 RENAISSANCE PLACE,		523	H(b) Are all subordinates i	
T 1	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		e: ► HTTP://WWW.GIRLSONTHERU			H(c) Group exemption	,
K	orm of	organization: X Corporation Trust Ass	ociation Other ►	L Year		M State of legal domicile: OH
	art I	Summary		·	<u>.</u>	
_	1	Briefly describe the organization's mission or most s	significant activities: TO I	NSPIRE	GIRLS TO B	E JOYFUL,
Governance		HEALTHY AND CONFIDENT USIN				
na I	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ş.	3	Number of voting members of the governing body (I	Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)		4	10
တို		Total number of individuals employed in calendar ye				0
/ŧie		Total number of volunteers (estimate if necessary)				0
Activities &		Total unrelated business revenue from Part VIII, colu				0.
_		Net unrelated business taxable income from Form 9				0.
			Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)			101,141.	76,681.
ž	9	Program service revenue (Part VIII, line 2g)			131,684.	42,090.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		577.	254.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			14,245.	1,547.
	1	Total revenue - add lines 8 through 11 (must equal F			247,647.	120,572.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A)			0.	0.
s	45	Salaries, other compensation, employee benefits (P			77,328.	98,969.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir			0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	•		121,101.	86,800.
		Total expenses. Add lines 13-17 (must equal Part IX			198,429.	185,769.
	19	Revenue less expenses. Subtract line 18 from line 1			49,218.	<65,197.>
Net Assets or				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			189,658.	154,461.
ASS	21	Total liabilities (Part X, line 26)			0.	30,000.
Ret	22	Net assets or fund balances. Subtract line 21 from	ine 20		189,658.	124,461.
Pa	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her	е	LISA KREBS, EXECUTIVE D	IRECTOR			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check Check	PTIN
Paid	I				self-emplo	yed
Prep	arer	Firm's name			Firm's EIN ▶	
Use	Only	Firm's address				
					Phone no.	
May	the IF	RS discuss this return with the preparer shown abov	e? (see instructions)			Yes No

Pai	Statement of Program Service Accomplishments										
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission:										
	TO INSPIRE GIRLS TO BE JOYFUL, HEALTHY AND CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM THAT CREATIVELY INTEGRATES RUNNING.										
	EXPERIENCE-BASED CORRICCIOM THAT CREATIVEDT INTEGRATES ROUNTING.										
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 \$										
	AFTER SCHOOL RUNNING PROGRAM FOR SCHOOL AGED CHILDREN										
4h											
4b	(Code:) (Expenses \$										
4c	(Code:) (Expenses \$										
4d	Other program services (Describe on Schedule O.)										
	(Expenses \$ including grants of \$) (Revenue \$)										
4e	Total program service expenses ► 128,080.										

GIRLS ON THE RUN OF NORTHWEST OHIO

Form 990 (2019) GIRLS ON THE RUN OF NORTHWEST OHIO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	4-		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	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,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	٠.٠		
	,	19		х
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_ <u>-</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	, the state of the		•	

Form 990 (2019) GIRLS ON THE RUN OF NORTHWEST OHIO
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			\vdash
_	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		₩
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			177
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

GIRLS ON THE RUN OF NORTHWEST OHIO

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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 a	uthority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 Ac	, ,			37
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		^
b			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices provided to the payor?	7a		х
		noce provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		··-		
_	to file Form 8282?	•	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Followski and the organization f	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion 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			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	اسا			
a		11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	11h			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ILU			
	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.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the appropriation province and province the few in decretance and increased with a the tary years.		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

GIRLS ON THE RUN OF NORTHWEST OHIO 45-2510404 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b 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 in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? a The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

	Own website	Another's website	X Upon request		Other <i>(explain on Schedule</i> C
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	otationionio avanabio to trio public darring trio tax your.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	

GIRLS ON THE RUN OF NORTHWEST OHIO - 416-318-9211 6024 RENAISSANCE PL. SUITE E, TOLEDO, OH 43623

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((2)			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week		Jei ali	u a u	recto	i / ii us	.00)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2/ 1000 1/1100)		and related
	below	idual	ution	J.	Key employee	st co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former			
(1) JACKIE VANNUYEN	2.00									
PRESIDENT		Х		X				0.	0.	0.
(2) KARY WHEARTY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) KRISTIN METZGER	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) ITZEL KRAUSS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) BRITTANIE KUHR	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) HEIDI ROBINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SCOTT HINSHAW	2.00							_	_	_
SECRETARY		Х						0.	0.	0.
(8) MICHELLE DOCKINS	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) CARRIE FRANZEN	1.00								_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) ALISON FRYE	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) KATIE HAHN	1.00								•	
BOARD MEMBER	04.00	Х						0.	0.	0.
(12) LISA KREBS	24.00			77				05 110	0	•
EXECUTIVE DIRECTOR				Х				25,112.	0.	0.
						_				
		ŀ								
		-			-	\vdash				
		ł								
		ł								

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	_	
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(da		Pos				Reportable	Reportable	Estimat	ed
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	amount	of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensa	ation
	hours for	or dir	au			rted		organization	(W-2/1099-MISC)	from th	
	related	stee	ruste			bensa		(W-2/1099-MISC)		organiza	
	organizations below	al tru	onal t		loyee	le se				and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizat	ions
		드	드	JO.	ş.	물등	요				
		1									
		-									
1b Subtotal								25,112.	0.		0.
c Total from continuation sheets to Part VII							ightharpoons	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	25,112.	0.		0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		•
compensation from the organization										Yes	0 No
3 Did the organization list any former officer,	director trust	ee k	ev e	mol	ove	e or	hia	ihest compensated emp	lovee on	Tes	NO
line 1a? If "Yes," complete Schedule J for si	•	-	•	•	•		_		•	3	х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	Х
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i> e	or su	ıch r	oers	on .				5	X
Section B. Independent Contractors					_				1100 000 1		
1 Complete this table for your five highest conthe organization. Report compensation for the organization.	•	-							· · · · · ·	ation from	
(A)				. <u>g</u>			Ī	(B)		(C)	
Name and business	address	NO	ONE	C				Description of s	ervices	Compensation	n
							\dashv				
O Total number of independent control of	and and an early are	a+ II:-	nit -	J # - 1	th	- II-	- a -	abovo) who we selve store	are then		
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ui III	ıntec	ı (O 1		se lis)	rea	above) who received mo	ore man		
+										- 000	(0010)

45-2510404

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tarrottoria	Buominoso reventae	sections 512 - 514
ts ts	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
A,G		c Fundraising events 1c					
a ii		d Related organizations 1d					
s, C		e Government grants (contributions) 1e					
igi		f All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	76,681.				
d d		g Noncash contributions included in lines 1a-1f 1g \$					
a C		h Total. Add lines 1a-1f	>	76,681.			
			Business Code				
g.	2	: a	900099	42,090.	42,090.		
Program Service Revenue		b					
Se		С					
am		d					
P. B.		e					
Ą.		f All other program service revenue					
		g Total. Add lines 2a-2f	>	42,090.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	>	254.	254.		
	4	Income from investment of tax-exempt bond pro	oceeds 🕨				
	5	,					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	>				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
ne		and sales expenses					
her Revenue		c Gain or (loss)7c					
æ		d Net gain or (loss)					
her	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	33,734.				
		b Less: direct expenses 8b	33,039.	605			605
		c Net income or (loss) from fundraising events		695.			695.
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns	E 056				
		and allowances 10a	5,856.				
		b Less: cost of goods sold 10b	5,004.	050	050		
		c Net income or (loss) from sales of inventory	Business Osd	852.	852.		
ဇ္		_	Business Code				
leot ue	11						
Miscellaneous Revenue		b					
sce Re		C					
Ξ̈́		d All other revenue					
	12	e Total Add lines 11a-11d		120.572.	43 196.	0.	695.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	25,112.	8,371.	8,371.	8,370.
6	Compensation not included above to disqualified		.,	.,,,,,	.,,,,,,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	66,805.	58,788.	6,651.	1,366.
7	Other salaries and wages	00,0031	3077001	0,0311	1,300.
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	· · · · · · · · · · · · · · · · · · ·				
	Other employee benefits	7,052.	2,350.	2,351.	2,351.
10	Payroll taxes	1,054.	4,550.	4,331.	4,331.
11	Fees for services (nonemployees):				
	Management				
b					
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 605	1 060	6 417	2 200
	column (A) amount, list line 11g expenses on Sch O.)	10,695.	1,069.	6,417.	3,209.
12	Advertising and promotion	F 620	2 021	1 400	1 400
13	Office expenses	5,639.	2,821.	1,409.	1,409.
14	Information technology				
15	Royalties	00 777	11 200	F CO4	Г СОА
16	Occupancy	22,777.	11,389.	5,694.	5,694.
17	Travel	2,674.	1,337.	669.	668.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	250	350		
19	Conferences, conventions, and meetings	350.	350.		
20	Interest				
21	Payments to affiliates	1 564	700	201	201
22	Depreciation, depletion, and amortization	1,564.	782.	391.	391.
23	Insurance	4,557.	2,279.	1,139.	1,139.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	04 006	24 225		
а	PROGRAM MATERIAL AND SU	21,826.	21,826.		
b	LICENSING	9,440.	9,440.		
С	BANK FEES	6,373.	6,373.		
d	APPRECIATION	905.	905.		
е	All other expenses	105 -11	100 000		0/
25	Total functional expenses. Add lines 1 through 24e	185,769.	128,080.	33,092.	24,597.
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)				Form 990 (2010)
					- HU(1/0040)

Form 990 (2019)
Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(1) 7 Notes and loans receivable, net 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Investments - publicy traded securities 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, lin								
1			Check if Schedule O contains a response or not	e to an	y line in this Part X			
2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Accounts receivable 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 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of three persons 5 Controlled entity or family member of any other discussified parties, and cherical former of ficer of the parties and cherical former of ficer of the parties of the final filter of the filte						(A) Beginning of year		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12,7773. b Less: accumulated depreciation 10b 9,866. 4,471. 10c 2,907 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 189,658. 16 154,461 17 Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Total liabilities of included on lines 17:24). Complete Part X of Schedule D 28 Total liabilities (including federal income tax, payables to related third pa		1	Cash - non-interest-bearing			184,011.	1	150,378.
3 Piedges and grants receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 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		2					2	
4 Accounts receivable, net 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		3					3	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 10 Inventories for sale or use 8 8 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12 , 773 10 Less: accumulated depreciation 10a 12 , 773 11 Investments - publicity traded securities 11 12 Investments - publicity traded securities 11 13 Investments - program-related. See Part IV, line 11 12 15 Investments - program-related. See Part IV, line 11 1, 176 14 16 Total assets. See Part IV, line 11 1, 176 15 1, 176 17 Accounts payable and accrued expenses 17 18 18 10 , 500 19 Deferred revenue 19 19 19 20 Tax-exempt bond liabilities 20 21 22 22 23 24 24 25 24 24 25 24 25 25		4			4			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)11), and persons described in section 4958(c)(3)(B) 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12,773. b Less: accumulated depreciation 10b 9,866. 4,471. 10c 2,907 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 17 Total assets. Add lines 1 through 15 (must equal line 33) 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 39 Total liabilities. Add lines 17 through 25 40 Total liabilities. Add lines 17 through 25 50 Total li		5						
Controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ Δ		-	•					
6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(l)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 9,866 4,471. 10c 2,907 11 Investments - publicly traded securities 11 12 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 1, 176 Into 15 1, 176 16 Total assets. Add lines 1 through 15 (must equal line 33) 189, 658 Into 154, 461 17 Accounts payable and accrued expenses 17 18 Grants payable 0 Into 18 10, 500 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 22 Unsecured nortes and loans payable to unrelated third parties 24 25 Other liabilities including federal income tax, payables to related third parties 24 26 Other liabilities including federal income tax, payables to related third parties 24 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ ∑					,		5	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(E) 7 Notes and loans receivable, net 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 189 , 658 · 16 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 0 26 30 ,000	Assets	6	, , , , , , , , , , , , , , , , , , , ,					
7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 9 9 9 9 9 9 9		"	under costion $AOFO(f)(1)$ and paragraph described in section $AOFO(g)(2)(1)$				6	
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basis. Complete Part VI of Schedule D							9	
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11 Investments - publicity traded securities 11 12 12 13 14 15 15 14 15 15 14 16 16 16 16 17 16 17 17			basis. Complete Part VI of Schedule D	1 171	40-	2 907		
12 Investments - other securities. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 1 1 1 176				4,4/1.		2,307.		
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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 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	=	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X 0		25	Other liabilities (including federal income tax, pa	yables [.]	to related third			
26 Total liabilities. Add lines 17 through 25 0. 26 30,000 Organizations that follow FASB ASC 958, check here ► X			parties, and other liabilities not included on lines	17-24)	. Complete Part X			
26 Total liabilities. Add lines 17 through 25			of Schedule D			0.	25	19,500.
Organizations that follow FASB ASC 958, check here ▶ X		26				0.	26	30,000.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds								
27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ses		and complete lines 27, 28, 32, and 33.					
28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	au	27	Net assets without donor restrictions			189,658.	27	124,461.
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Bal	28					28	
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	þ							
5 29 Capital stock or trust principal, or current funds	Ę				. —			
	ō	29					29	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	ets							
31 Retained earnings, endowment, accumulated income, or other funds 31	Ass							
2 Total net assets or fund balances 189,658. 32 124,461	et,					189,658.		124,461.
33 Total liabilities and net assets/fund balances 189,658 33 154,461	Z							154,461.

Form	1 990 (2019) GIRLS ON THE RUN OF NORTHWEST OHIO	45	-2510404	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	120	, 5	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	185	7	69.
3	Revenue less expenses. Subtract line 2 from line 1	3	<65,	19	7.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	189	, 6	58.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	124	.,4	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		0.5		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

GIRLS ON THE RUN OF NORTHWEST OHIO

Employer identification number 45-2510404

Pa	ırt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	•				<i>,</i> , , , , , , , , , , , , , , , , , ,		
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	A medical research organization					•	the hospital's name.	
•		city, and state:	a.i.o oporatoa ii. oo.	ijanionon mini a noopital		000110		and noophal o name,	
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or	
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membership fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).		
12		An organization organized a	· · · · · · · · · · · · · · · · · · ·	•	-				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.		
а	ıL		anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ıpporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b	, <u>L</u>		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	:		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
	_	its supported organization	n(s) (see instructions)). You must complete i	Part IV, Se	ections A,	D, and E.		
C			integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness	
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
		vide the following informatior (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(II) EIIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No			
Tota	al								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar 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.")	144,331.	197,112.	205,612.	180,862.	107,700.	835,617.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	144,331.	197,112.	205,612.	180,862.	107,700.	835,617.			
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.						835,617.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	144,331.	197,112.	205,612.	180,862.	107,700.	835,617.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	53.	120.	148.	577.	254.	1,152.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						836,769.			
12	Gross receipts from related activities,	•	,			12				
13	First five years. If the Form 990 is for	•			•	. , . ,	. —			
800	organization, check this box and store ction C. Computation of Publi	here Per	centage				<u></u>			
				- L			99.86 %			
	Public support percentage for 2019 (I					14				
15	Public support percentage from 2018					15				
юа										
L										
b										
170										
ı/a		ū					•			
	_			-	•	-				
h										
b		_								
	,		•		•					
	Private foundation. If the organization			•						
17a	16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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, check this 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, 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 organization Image: Imag									

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.)

Se	ction A. Public Support		,				
Cale	ndar 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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	1	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)		Cont			- 504(-)(0)	
14	First five years. If the Form 990 is for	-			•		
Se	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18						18	/ 6
	3 Investment income percentage from 2018 Schedule A, Part III, line 17						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

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

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

_		Yes	No
П	1		
П	2		
	3a		
L	3b		
L	3c		
	4a		
H	4b		
	4c		
	5a		
	<u> </u>		
Г	5b		
	5с		
	6		
L	7		
	8		
\vdash	9a		
	Ok		
	9b		
	9c		
	<i>3</i> 0		
	40		
\vdash	10a		
	104		
	10b		

Par	TIV 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		
b	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		
Sect	tion B. Type I Supporting Organizations			
			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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			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	4		
2	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sect	ion 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-functional	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	I v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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 which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	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			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRLS ON THE RUN OF NORTHWEST OHIO Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Employer identification number 45-2510404

· a	organization answered "Yes" on Form 990, Part IV, lin		Complete ii trie
	organization answered tes on Form 990, Part IV, III	(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 advisors in v	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemen	nts that describes the
Do	organization's accounting for conservation easements.	f Art Historical Tracquires or Oth	or Similar Assats
Pai	organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		·
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(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 treations are also as a second		gain, provide
	the following amounts required to be reported under FASB A	-	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Par	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	asures, o	r Othei	r Similar	Asset	s (conti	nued)	ugc –
3	Using the organization's acquisition, accession								(OOTICE)	raca,	
	collection items (check all that apply):	,	,	,	3		3				
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	e			nango progn						
c	Preservation for future generations	•	,	Oti 101							
4	Provide a description of the organization's col	lactions and avalair	a how th	ov further th	o organizati	on's over	nnt nurnac	o in Dart	VIII		
5	During the year, did the organization solicit or							e III Fait	AIII.		
3	to be sold to raise funds rather than to be mai								Yes		T Na
Par	t IV Escrow and Custodial Arrang										_ No
	reported an amount on Form 990, Part		ete ii tile	organizatio	ii alisweleu	165 011	F01111 990	, raitiv,	iii le 9, Oi		
12	Is the organization an agent, trustee, custodia		iary for (contribution	s or other as	sats not i	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟	165		_ INO
D	ii res, explain the arrangement in Part Alli a	na complete the loi	llowing t	abie.					Amoun	+	
_	Designing belongs						10		Amour		
C	Beginning balance										
	Additions during the year										
e	Distributions during the year										
f	Ending balance								٦.,		٦
	Did the organization include an amount on Fo						ity?	∟	_ Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII. (
Pai	t V Endowment Funds. Complete if								T		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1ç	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Term endowment > 9/										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administe	red for th	e organiza	tion			
	by:	g-					· 9			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on S	chedule R?							
4	Describe in Part XIII the intended uses of the o										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered). Part IV	/. line 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	М	(d) Boo	k valu	е
	becomplien of property	basis (investr			(other)		preciation	٦	(u) Boo	it valu	C
12	Land	· ·	,		. ,						
	Buildings Leasehold improvements										
				1	2,773.		9,86	56.		2,9	07
d	Equipment				4,113.		٥, ٥	-		<u>.,,</u>	<u> </u>
	Other			(D) " :		I				2,9	07
rota	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990. Part .	x. colun	าก (B). line 1	UC.)					4,3	<i>.</i> , .

Schedule D (Form 990) 2019

	E RUN OF NORTH	WEST OHIO 4	5-2510404 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	, , ,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PPP LOAN	19,500.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,500.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	oer Return.	<u>-</u> <u>-</u>
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b		I		
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	/, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lir			
c 5	Add lines 4a and 4b			
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir rt XIII Supplemental Information.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5	XI,
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5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part	5	XI,
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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRLS ON THE RUN OF NORTHWEST OHIO

Employer identification number 45-2510404

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
CREATIVELY INTEGRATES RUNNING.					
FORM 990, PART VI, SECTION B, LINE 11B: INFORMATION DISTRIBUTED TO BOARD MEMBERS.					
FORM 990, PART VI, SECTION B, LINE 15: SUBCOMMITTEE LOOKS AT SALARY SURVEYS FOR NFP ORGANIZATIONS IN OUR AREA AS					
WELL AS INFORMATION PROVIDED BY GOTR INTERNATIONAL. INFORMATION AND					
RECOMMENDATION IS PRESENTED TO EXECUTIVE COMMITTEE AND TO THE FULL BOARD.					
FORM 990, PART VI, SECTION C, LINE 19:					
INFORMATION PROVIDED UPON REQUEST.					

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Autom	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).			
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.			
Type or	or Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)		
print	GIRLS ON THE RUN OF NORTHWEST OHIO		45-2510404			
File by the due date fo filing your return. See	6024 RENATSSANCE PLACE. NO. E					
instructions	c ————————————————————————————————————					
Enter the	e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 99	rm 990-PF 04 Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11			
Form 99	0-T (trust other than above)	06	Form 8870			12
.	GIRLS ON THE RU			OH 1	2622	
	books are in the care of \blacktriangleright $\frac{6024}{9211}$ RENAISSANC whone No. \blacktriangleright $\frac{416-318-9211}{9211}$	E PL.		, OH 4	3023	
		: Ale I I.e.:	Fax No.			. —
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (abook this
box >		•	ch a list with the names and TINs o			
00X -	. If it is for part of the group, check this box	j and alla	cira iist with the hames and mins o	all Hieribe	ers trie exterision	15 101.
1 I re	equest an automatic 6-month extension of time until	MAS	7 17, 2021 , to fil	e the ever	not organization r	eturn for
	I I request an automatic 6-month extension of time untilMAY_17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:					Clairi
	calendar year or	arnzacion o	Totali Tot.			
	X tax year beginning JUL 1, 2019	. an	d ending JUN 30, 2020			
		,			<u> </u>	
2 If t	the tax year entered in line 1 is for less than 12 months, ch	neck reasc	on: Initial return	Final retur	n	
Г	Change in accounting period					
_						
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			
an	y nonrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
	timated tax payments made. Include any prior year overpa	•		3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3с	\$	0.
Caution	: If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-EO	for payment
netructi	one					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)