Form 990

232001 12-13-22

Department of the Treasury

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.

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

2022

Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 20	122	Inspection			
2	Check If	C Name of organization						
	Address change	GIRLS ON THE RUN OF THE SHENANDOAH	D Employer id	entific	cation number			
F	Name	Doing business as	45 20	701	0.0			
F	Initial		45-39					
F	Final	Number and street (or P.O. box if mail is not delivered to street address) 420 GLEN LEA COURT						
-	termin- ated			540-431-5320				
	Amende	City or town, state or province, country, and ZIP or foreign postal code WINCHESTER, VA 22601	G Gross receipts \$		194,116.			
F	Iretum Applica-	F Name and address of principal officer:STACY IDDINGS	H(a) Is this a gr					
	inon pending	SAME AS C ABOVE	for subordi		the state of the s			
1.7	Tayayan		H(b) Are all subords					
	Website				list. See instructions			
_			H(c) Group exer					
		Summary	Year of formation: 20.	TIM	State of legal domicile: VA			
	-	riefly describe the organization's mission or most significant activities: INSPIRE	OTDIO MO DI	3 7/	OAT PROTECT			
90	' н	EALTHY AND CONFIDENT USING A FUN, EXPERIENCE	GIRLS TO BE	5 00	DYFUL,			
Tar.		heck this box if the organization discontinued its operations or disposed of						
ě	9077 293			1 1				
õ		umber of independent voting members of the governing body (Part VI, line 1b)		3	15 15			
8	5 To	otal number of individuals employed in calendar year 2022 (Part V, line 1a)		4	5			
Attie	6 To	otal number of volunteers (estimate if necessary)		6	315			
Activities & Governance	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	***************************************	7a	0.			
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
			Prior Year	170	Current Year			
	8 C	ontributions and grants (Part VIII, line 1h)	128,69	0.	62,362.			
Revenue		rogram service revenue (Part VIII, line 2g)	76,68		78,050.			
3		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,18		1,175.			
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,0		25,794.			
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,4		167,381.			
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	19,7		20,387.			
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
22	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	92,43		93,029.			
Expenses	16a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
å,	b To	otal fundraising expenses (Part IX, column (D), line 25) 0 .						
ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	58,35	3.	50,649.			
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	170,55	-	164,065.			
	19 R	evenue less expenses. Subtract line 18 from line 12	34,91		3,316.			
200			Beginning of Current	fear	End of Year			
SSS	20 To	otal assets (Part X, line 16)	202,11	12.	208,784.			
Fund Balances	21 To	otal liabilities (Part X, line 26)	42	25.	482.			
_		et assets or fund balances. Subtract line 21 from line 20	201,68	37.	208,302.			
-		Signature Block						
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the bes	t of my	knowledge and belief, it is			
rue,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge					
	-	Signature of officer						
Sigi			Date					
Her		TACY IDDINGS, TREASURER COPY FOR CLIP ype or print name and title COPY FOR CLIP	NT					
		BUTHERFORD & JOH	ISON PC		71 0000			
Paid		E reparte o significante	ample to	10x	PTIN			
	10, [MI	NGELA RUDOLPH-WISEMAN Certified Public Acc	12410/23 set	employee	P01324561			
		im's name RUTHERFORD & JOHNSON, PCWinchester, Virg	LELES Firm's El	1 54	1-1782073			
-44	Sud L		255					
VA-	the IDC	WINCHESTER, VA 22601	Phone no	.54(0-662-7070			
viol)	uie ins	discuss this return with the preparer shown above? See instructions		oisestes i	X Yes No			

	t III Statement of Program S	Service Accomplishments a response or note to any line in this Part III		
1	Briefly describe the organization's mi INSPIRE GIRLS TO BI		CONFIDENT USING A FUN	,
2		ignificant program services during the year		Yes X No
	If "Yes," describe these new services	on Schedule O.		
3	If "Yes," describe these changes on S			Yes X No
4		service accomplishments for each of its thre sizations are required to report the amount o vice reported.		
4a	PARTNER WITH LOCAL	147,923. Including grants of 5 SCHOOLS TO PROVIDE 12 PHYSICAL AND EMOTIONAL	WEEK PROGRAMS IN THE	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d	Other program services (Describe on (Expenses \$	Schedule O.) including grants of \$) (Pevenue 3	· ·

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? See instructions	2	X	
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	100010	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
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			x
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.	-		
	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	L
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 167 // "Yes," complete Schedule D, Part VII	11b		х
c	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	110	х	
ď	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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a		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	14b		X
16	Did the organization? If "Yes," complete Schedule F, Parts II and IV or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	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	-21
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	전프로로 2000년 100년 100년 120년 120년 120년 120년 120	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		x
	3 12-13-22		990	

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Part IV Checklist of Required Schedules (co.

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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			1
	Schedule J	23	_	X
4a	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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d	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 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
16	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions):	21	N.	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?// "Yes," complete Schedule L, Part IV	28c		х
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
3	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		х
4	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		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
96	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		х
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		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	10		

_	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	189	Р	age 5
	CHYCLE WOOD COLORS TAKEN HE WAS AND THE WOOD OF THE WO		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			
b	and any and any and any and any and any and any independent any properties of the pr	2b	X	
3a	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 authority over, a	6		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	The state of the s	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
0.77	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1000		
-23	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
2.0	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	1	11/2/29	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	1000		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
, .	Gross income from members or shareholders			
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 1041?			
	M "Mos " and a the second of the second but and the	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a				
	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	proportion to Keepened to January willing to water the control of	P 1		
c	Enter the apparent of several and hand			
14a	Did the organization receive any payments for indoor tenning continue during the tax years.			17
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
10/11				35
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		
	If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
28	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	The state of the s	100		

232006 12-13-22

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If "Yes," complete Form 6069.

VALLEY 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		12000	
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			13.5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			9
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		-
	more members of the governing body?	7a		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		A
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		-
a	The governing body?	0-	х	
b	Each committee with authority to act on behalf of the governing body?	8a		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X	
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			27
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
566	don D. F Officies (mis section a requests information about policies not required by the internal rievenue Code.)			
10a	Did the comprission have local chapters beneather as attitude?		Yes	No
loa b	Did the organization have local chapters, branches, or affiliates?	10a		Х
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	2000		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	and the second s	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		8466	
	on Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			17.14
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	140		
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	177		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	177		
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.		5000	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
0000	ANNOICA INGRAM - 540-431-5320			
	420 GLEN LEA COURT, WINCHESTER, VA 22601			
3200	10-10-22	Enre	990	(2022)
	AND	1 1/11/11		SEVER

orm 990 (2022)

VALLEY 45-3972189

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

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not o	Pos heck es pe	more	n e than is bot ontrus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual buster or director	leathational bestee	Офен	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANNOICA INGRAM	40.00									
EXECUTIVE DIRECTOR		X						45,817.	0.	0.
(2) ADRIANA POSADAS	4.00								7	
DIRECTOR		X		X				0.	0.	0.
(3) ANDREA TURNER	4.00									
DIRECTOR		X						0.	0.	0.
(4) ERIN DRUMHELLER	4.00									
DIRECTOR		X		Ш				0.	0.	0.
(5) LAUREL WEBSTER	4.00									
VICE CHAIR		X		X				0.	0.	0.
(6) STACY IDDINGS	4.00									
TREASURER		Х		Ш				0.	0.	0.
(7) HEATHER ALONGE	4.00									
DIRECTOR		Х		_	_	_		0.	0.	0.
(8) L. MORGAN O'BREIN SECRETARY	4.00	x						0.	0.	0.
(9) KARA JENKINS	4.00									318
DIRECTOR		X						0.	0.	0.
(10) WENDY CARLSON CHAIR	4.00	x		x				0.	0.	0.
(11) JENNY LIGON	4.00			25.5						
DIRECTOR		X						0.	0.	0.
(12) PATTIE SCHIOTIS	4.00									
DIRECTOR		X						0.	0.	0.
(13) SEAN DEVOLITES	4.00							00.50		0.000
DIRECTOR		Х						0.	0.	0.
(14) SOMMER SMITH	4.00									
DIRECTOR		X		_				0.	0.	0.
(15) MATT BURAKER	4.00									
DIRECTOR		X						0.	0.	0.
(16) SHANNON HOUCK	4.00									
DIRECTOR		X			_			0.	0.	0.

232007 12-18-22

Form 990 (2022)

	rt VII Section A. Officers, Directors, To (A) Name and title	(B) Average hours per week	(de ber off	not o	Pos heck ssi pe	ition more more	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	1000	(F) stimat mount other	of				
		(list any hours for related organizations below line)	Individual frustee or director	institutional bushe	Officer	Kay employee	Highest compensated employee	Highest compensated employes	Highest compensated employee	Highest compensated employes	Highest compensated employes	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org an	rom th ganiza id rela anizat	ne tion ted
												-	_				
16	Subtotal								45,817.	0.			0				
0	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including bu	VII, Section A							0. 45,817.	0.			0.				
_	compensation from the organization	t not armed to tr	iose	I HISTO	o ac	DOVE	ay wr	io rec	ceived more than \$100	,000 of reportable		Yes	No				
3	Did the organization list any former offici line 1a? If "Yes," complete Schedule J for	r such individual				1000	0110110	101100			3		x				
5	For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or	150,000? If "Yes, or accrue comper	° co	mple ion f	ete S rom	Sche	edule unn	Jfo	r such individual		4		х				
Sec	rendered to the organization? If "Yes," or tion B. Independent Contractors	omplete Schedul	9 J 1	for st	ich j	pers	ion_				5		X				
1	Complete this table for your five highest the organization. Report compensation f										ation	from					
	(A) Name and busine			ONE					(B) Description of s	Manager at 1		C) insatio	on				
								+									
								-									
2	Total number of independent contractor \$100,000 of compensation from the orga		ot li	mite	d to		se lis	ted :	above) who received m	ore than							

Part VIII Statement of Revenue

_		Check if Schedule O	contains	a respo	nse	or note to any line			900/140000000000000000000000000000000000	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded
윤환	1 a	Federated campaigns		1a						
S'a	b	Mambarehin dues		46						
A, E	c	Fundraising events		10						
등호	d	Related organizations		1d				THE STATE OF		
& E		Government grants (cont								
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, gifts,								
골		similar amounts not include	d above	1f		62,362.				
age of	9	Noncash contributions included in	n lines ta-t	19 \$		4,749.			11.1	
ŭ ñ	h	Total, Add lines 1a-1f			-		62,362.		- A	
						Business Code				
90	2 a	PROGRAM FEES			_	611710	65,050.	65,050.		
Program Service Revenue	b	b SPONSORSHIPS			911710	13,000.	13,000.			
en S	c								- 3	
Se S	d									
8	e	•								
۵	f	All other program service	revenue							
-	g	g Total, Add lines 2a-2f					78,050.			
	3	Investment income (inclu	ding divi	dends, in	tere	est, and	100 100 000 00			500 C00 W/W
- 1							1,175.			1,175.
	4	Income from investment	of tax-ex	xempt bond pr		roceeds				
- 1	5	Royalties	- panagana	and the same of	Abbas					
- 11		5. Lo. 11. Commercy		(i) Real		(ii) Personal				
- 11	6 a	Gross rents	6a					11 19 5 - 0 1		
- 1		Less: rental expenses	6b						10, 1, 1	
- 4		Rental income or (loss)	6c							
- 1		Net rental income or (loss	-							
- 4	7 a	Gross amount from sales of	-	Securiti	98	(ii) Other			7777	
- 1	200	assets other than inventory	7a							
	b	Less: cost or other basis								
her Revenue		and sales expenses	7b							
20		Gain or (loss)	7c							
£	d	Net gain or (loss)			-					
Othe	8 a	Gross income from fundraisi including \$ contributions reported or	255	of			* E-4 4			
- 1		Part IV, line 18			8a	47,713.				
- 1	h	Less: direct expenses			8b	The state of the s				
- 1		Net income or (loss) from			-		21,007.			21,007.
- 1		Gross income from gamin					21,007.			21,007.
- 1		Part IV, line 19			9a					
- 4	b	Less: direct expenses			9b					
		Net income or (loss) from			_					
- 1		Gross sales of inventory,	-							100
- 1		- 1908 B. C. William (1907) B.		10a	4,816.			4 * 4		
	h	Less: cost of goods sold			10b					
_		Net income or (loss) from			-	62.	4,787.	4,787.		
		THE RECORDS OF GOOD HOLD	Sales Of	HITCHICA	-	Business Code	4,707.	4,707.		
5 a	11 a									
Miscellaneous Revenue	b				-					
S S	c									
38		All other revenue	0.5700000	The State						
2		Total, Add lines 11a-11d			410					
	12	Total revenue. See instruction			-		167,381.	82,837.	0.	22,182.
		The state of the s			-			V H I V J / +	U a	444 4 4 10 6 4

232009 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			gerroral superises	ungranious.
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	0.000 0.000	2000 20000		- T - T - T
	individuals. See Part IV, line 22	20,387.	20,387.		
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,				
0	trustees, and key employees				
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	86,486.	77,837.	8,649.	
8	Pension plan accruals and contributions (include	00,400.	11,051.	0,043.	
350	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,543.	5,889.	654.	
11	Fees for services (nonemployees):	0,000	5,005.	034.	
a	Management				
b	Legal	475.		475.	
c	Accounting	2,124.		2,124.	
d	V 19			-/	
e	Professional fundraising services, See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,773.		2,773.	
12	Advertising and promotion	40.	40.	1000	
13	Office expenses	3,347.	3,347.		
14	Information technology	1,688.	1,688.		
15	Royalties				
16	Occupancy	1,965.	1,965.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	477		144	
22	Depreciation, depletion, and amortization	461.	2 505	461.	
23	Other expenses, Itemize expenses not covered	3,795.	3,795.		
24	above. (List miscellaneous 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 ().)				
п	PROGRAM SUPPLIES	13,639.	13,639.		
b	DUES AND SUBSCRIPTIONS	8,888.	8,888.		
c	SITE ALLOWANCE	4,759.	4,759.		
d	PROFESSIONAL DEVELOPMEN	3,101.	3,101.		
e		3,594.	2,588.	1,006.	
25	Total functional expenses, Add lines 1 through 24e	164,065.	147,923.	16,142.	0
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 rtollowing SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

rai	11	balance Sneet					
	_	Check if Schedule O contains a response or no	te to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			148,816.	1	142,414
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	or former offic	er, director,			
		trustee, key employee, creator or founder, sub-	stantial contril	butor, or 35%			
		controlled entity or family member of any of the	ise persons			5	
	6	Loans and other receivables from other disqua	lified persons	(as defined	THE REAL PROPERTY.	200	
Л		under section 4958(f)(1)), and persons describe	4958(c)(3)(B)		6		
22	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		12,882.	8	22,430	
<	9	Prepaid expenses and deferred charges		9	110000000000000000000000000000000000000		
	10a	Land, buildings, and equipment: cost or other					- /
		basis. Complete Part VI of Schedule D	10a	4,127.			
	b	Less: accumulated depreciation		3,897.	691.	10c	230
	11	Investments - publicly traded securities			11	- 100000	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	39,723.	13	43,705		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	5	
	16	Total assets, Add lines 1 through 15 (must eq.	202,112.	16	208,784		
	17	Accounts payable and accrued expenses	425.	17	482		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Sci	hedule D		21	
9	22	Loans and other payables to any current or for					3 1200214
ě		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
3	23	Secured mortgages and notes payable to unre	lated third par	rties		23	
	24	Unsecured notes and loans payable to unrelate	d third partie	s		24	
	25	Other liabilities (including federal income tax, p.					
		parties, and other liabilities not included on line	s 17-24). Con	nplete Part X			
ш		of Schedule D				25	
	26	Total liabilities, Add lines 17 through 25			425.	26	482
2		Organizations that follow FASB ASC 958, ch	eck here	X		1	
9		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			201,687.	27	208,302
8	28	Net assets with donor restrictions				28	
[Organizations that do not follow FASB ASC				100000	
Ξl		and complete lines 29 through 33.	V100001000V10010		111111111111111111111111111111111111111	77	
0	29	Capital stock or trust principal, or current funds	S			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipment fun	d		30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			201,687.		208,302
3	33	Total liabilities and net assets/fund balances			202,112.		208,784

Form 990 (2022)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

X

2c

3a

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

2022

Open to Public Inspection

Name of the organization

GO to www.irs.gov/Form990 for instructions and the latest information.
GIRLS ON THE RUN OF THE SHENANDOAH
VALLEY

Employer identification number 45 – 3972189

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	complete ti	his part.) S	See instructions.	13-33/2103
The	organ	ization is not a private found						
1		A church, convention of chi						
2		A school described in secti				W HOLDY	()(A)(i).	
3	\Box	A hospital or a cooperative				VI-VAVAV	in.	
4	Ħ							
•		A medical research organization, and state:	anon operated in c	orijunicion with a nospita	ii described	ı in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5		An organization operated for	or the benefit of a c	ollege or university owne	d or operat	ted by a o	overnmental unit descrit	oed in
		section 170(b)(1)(A)(iv). (C				,,	overtendina di in degoni	Jugani.
6		A federal, state, or local gov	ernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that normal						public described in
	_	section 170(b)(1)(A)(vi). (Co					136	
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization describe	d in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-g						
10	X	university:	h	- H 00 4 may -4 H	wait familie			
10	لها	An organization that normal						
		activities related to its exem-						
		income and unrelated busin See section 509(a)(2), (Con		e pess section 5 i i tax) ii	om busine	oses acqu	ared by the organization	after June 30, 1975.
11		An organization organized a		elualy to toot for public or	doty San	nantian E	20/-1/41	
12	F							
		An organization organized a	ranizations describ	avery for the benefit of, to	o penonn i	rne function	ons or, or to carry out the	purposes of one or
		more publicly supported org lines 12a through 12d that of						sheck the box on
	F							
	_	Type I. A supporting orga						
		the supported organization organization. You must c			a majority (of the dire	ctors or trustees of the s	supporting
		Type II. A supporting orga			tion with it		and manufacture (a). In order	1422
		control or management of organization(s). You must			ame perso	ons that co	ontrol or manage the sup	ported
		Type III functionally inte			in connec	tion with	and fountlemelts but a cost	C4 - 24
	_	its supported organization						ed with,
		Type III non-functionally						CONTRACTOR OF THE CONTRACTOR O
	_	that is not functionally into						
		requirement (see instructi						iveness
		Check this box if the orga						
		functionally integrated, or					s type i, type ii, type iii	
Ť	Ente	or the number of supported of		onary integrated support	ing organic	zauon.		
		vide the following information		had commitmation(e)				
- 10	0	i) Name of supported	(ii) EIN	(iii) Type of organization	(V) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10		ng document?	support (see instructions)	support (see instructions)
_				above (see instructions))	Yes	No		
					1			
-								

	A STATE OF THE PARTY OF THE PAR	T. A. Diele and A. D.	40 0014.
Part II	Support Schedule f	or 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(4)	10/2020	(d) ESE	10/2022	(i) rotal
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						
5	The portion of total contributions		1			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	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.						
	ction B. Total Support						
*****	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(40.2024	(-) 2022	M Tabal
	Amounts from line 4	(a) zoro	(0) 2015	(c) zuzu	(d) 2021	(e) 2022	(f) Total
8	Gross income from interest.						
200	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
0	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop		rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
Sec	ction C. Computation of Publi		rcentage	***************************************			
	Public support percentage for 2022 (lin		Productive Control of the Control of	column #N		14	d.
15	Public support percentage from 2021	Schedule A Part	Il line 14	Coldenii (I))		15	96
16a	33 1/3% support test - 2022. If the o	roanization did no	ot check the box of	n line 13 and line	14 is 33 1/396 or	Section Contract Cont	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2021. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test	- 2022. If the org	panization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts meets the facts and circumstances ter						
h	10% -facts-and-circumstances test					17a and line 15 in	
	more, and if the organization meets th	e facts and circur	mstances test, che	eck this box and st	top here. Explain	in Part VI how the	1079 Of
	organization meets the facts-and-circu						
18	Private foundation, If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s

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Schedule A (Form 990) 2022 VALLEY 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

Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	66 Total
1 Gifts, grants, contributions, and	(a) zo io	(0)2015	(6) 2020	(d) EUE 1	(6) 2022	(f) Total
membership fees received. (Do not						
include any "unusual grants.")	74,710.	78,146.	76.604.	106,677.	61 796	397,933.
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		124,201.				406,283.
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	152,656.	202,347.	114,263.	188,986.	145,964.	804,216.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
c Add lines 7a and 7b						0.
8 Public support. (Satted line 7c tron line 6.)					171 101 101 101 101	804,216.
Section B. Total Support						004,210.
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	152,656.	202,347.	114,263.	188,986.	145,964.	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	132,030.	202,547.	114,203.	100,300.	143,304.	004,210.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	152,656.	202,347.	114,263.	188,986.	145,964.	804,216.
14 First 5 years. If the Form 990 is for the						
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage			CHANAMAN	
15 Public support percentage for 2022 (line 8, column (f), d	fivided by line 13,	column (f))		15	100.00 %
16 Public support percentage from 2021 Section D. Computation of Invest					16	100.00 %
17 Investment income percentage for 20			ne 13, column (f))		17	.00 %
18 Investment income percentage from:					18	96
19a 33 1/3% support tests - 2022. If the					Non-Auto-Auto-	
more than 33 1/3%, check this box a						X
b 33 1/3% support tests - 2021. If the						and the same of th
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
292023 12-09-22						A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations Yes No 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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign. supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 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). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line ?? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 96 c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

233024 12-09-22

10b Schedule A (Form 990) 2022

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.)

232025 12-09-22

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

4

5

GIRLS ON THE RUN OF THE SHENANDOAH

Schedule A	(Form 990) 2022 VALLEY 45-3972189 Page 8						
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
-							

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization Employer identification number GIRLS ON THE RUN OF THE SHENANDOAH VALLEY 45-3972189 Organization type (check one):

Filers of:	Filers of: Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
Seneral Rule									
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
pecial Rules									
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(v)), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; IEZ, line 1. Complete Parts I and II.								
contributor, du literary, or edu	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in (b) instead of the contributor name and address), II, and III.								
year, contribut is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively								
religious, chari	table, etc., contributions totaling \$5,000 or more during the year\$								
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must								
inswer "No" on Part IV,	line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify								
or it stoness? more the									

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

GIRLS ON THE RUN OF THE SHENANDOAH

Employer identification number

VALLEY

45	-	3	9	7	2	1	8	9	Š
5.7					903		XV.	100	

Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	WILLIAM & ALLISON MAJOR 413 FAIRMONT AVE WINCHESTER, VA 22601	sss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

GIRLS ON THE RUN OF THE SHENANDOAH

Employer identification number

45-3972189

art II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

GIRLS	ON THE RUN OF THE SHEN	IANDOAH	Employer identification number			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)) through (e) and the following line en chiritable, etc., contributions of \$1,000 or	45-3972189 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year fity. For organizations less for the year. (Enter this info. once.) \$			
(a) No.	use duplicate copies of Part III if additional	space is needed.	The second secon			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gi	ft Relationship of transferor to transferee			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

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.

OMB No. 1545-0047

GIRLS ON THE RUN OF THE SHENANDOAH Name of the organization VALLEY

Employer identification number 45-3972189

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other	Similar Fund	s or Accour	nts.Complete if the
		(a) Donor advis	ed funds	(b) Fund	s 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 wr	riting that the assets h	eld in donor adv	ised funds	
	are the organization's property, subject to the organization's ex-	xclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that g	rant funds can b	e used only	NUMBER OF THE PROPERTY OF THE
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	my other purpos	e conferring	
-	impermissible private benefit?				Yes No
	rt II Conservation Easements. Complete if the orga			Part IV, line 7.	Anna Santa and Anna
1	Purpose(s) of conservation easements held by the organization		<u>.</u>		
	Preservation of land for public use (for example, recreation	on or education)			mportant land area
	Protection of natural habitat		_ Preservation o	of a certified hist	oric structure
32	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contril	bution in the form		
	day of the tax year.				field at the End of the Tax Year
a				2a	
b	Total acreage restricted by conservation easements			2b	
C		cture included in (a)		2c	
d	and the second s	ter July 25,2006, and	not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or	terminated by the	ne organization	during the tax
	year				
4	Number of states where property subject to conservation ease	A CONTRACTOR OF THE PROPERTY O			
5	Does the organization have a written policy regarding the perio	dic monitoring, inspec	ction, handling of	68	
	violations, and enforcement of the conservation easements it h	COLOR OF BIRDSHIP GRANT COLORS			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	and enforcing con	nservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and e	nforcing conserv	ation easement	s during the year
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footno	te to the organization	's financial stater	ments that desc	ribes the
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of A	Art Historical Tr	22011522 25 (Other Cimile	- A
1 0	Complete if the organization answered "Yes" on Form 9		easures, or c	Juner Simila	r Assets.
1a	If the organization elected, as permitted under FASB ASC 958,	The second secon	renue statement	and halance eb	unet worke
	of art, historical treasures, or other similar assets held for public				
	service, provide in Part XIII the text of the footnote to its finance				ubiic
ь	If the organization elected, as permitted under FASB ASC 958,				waden of
	art, historical treasures, or other similar assets held for public e				
	provide the following amounts relating to these items:	MIDIOUT, GUUCATION,	a research in fur	merance or pub	nic service,
	(i) Revenue included on Form 990, Part VIII, line 1				
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	urne or other similar	apports for financia	iol agin provide	
	the following amounts required to be reported under FASB AS			ai gain, provide	
	Revenue included on Form 990, Part VIII, line 1				
b	Association of the Company of the Co				
0.04.5363	For Paperwork Reduction Act Notice, see the Instructions t	for Form 900		Walter Walter Township	shadde D. (F
		or Form 980.		5	chedule D (Form 990) 2022

25

Schedule D (Form 990) 2022

GIRLS ON THE RUN OF THE SHENANDOAH

	dule D (Form 990) 2022 VALLEY				1	45-	397218	9 P	age 2
Par	rt III Organizations Maintaining							nued)	8
3	Using the organization's acquisition, access	sion, and other record	ds, check any of th	e following that mak	e signif	ficant use of	its		
	collection items (check all that apply):		_						
a	Public exhibition		Loan or ex	change program					
b	Scholarly research		Other						
C	Preservation for future generations								
4	Provide a description of the organization's						Part XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures, or other sim	illar ass	ets		23	22
-	to be sold to raise funds rather than to be n	naintained as part of	the organization's	collection?			Yes		No
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Po	ngements. Compl art X, line 21.	ete if the organizat	ion answered "Yes"	on For	m 990, Part	IV, line 9, o		
1a	Is the organization an agent, trustee, custon							_	-
	on Form 990, Part X?						Yes		No
Ь	If "Yes," explain the arrangement in Part XII	and complete the fo	ollowing table:		г				
223	Burlanda da Arabara				-	-	Amoun	1	
c	Beginning balance					10			
ď	Additions during the year					1d			
	Distributions during the year					1e			
-	Ending balance					1f		-	-
	Did the organization include an amount on i						Yes	-	No
Par	rt V Endowment Funds. Complete	If the examination or	xplanation has bee	n provided on Part	XIII			_	1
	Endownient rands. Complete	(a) Current year	(b) Prior year			here over he	al cre-		h-al-
10	Beginning of year balance		(b) Frior year	(c) Two years back	(a) i	nree years oa	ick (e) Fou	years	Dack
1a					+		_		
ь	Contributions				+		_		
-					-		-		
	Grants or scholarships Other expenditures for facilities				-		_		_
	경영원 시민 이번 개를 잃어 있다면 가게 되었다면 하다 하다 하면 하는데								
	and programs			-	+		_		
	Administrative expenses				-		_		_
g	End of year balance								
2	Provide the estimated percentage of the cu		e (line 1g, column	(a)) held as:					
a	Board designated or quasi-endowment	1000	_96						
	Permanent endowment	%							
C	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sh								
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held	and administered fo	or the		71		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		_
	(ii) Related organizations					o	3a(ii)		
	If "Yes" on line 3a(ii), are the related organiz			7			3b		
	t VI Land, Buildings, and Equipr		ywment funds.						_
1 40	Complete if the organization answer		O Dart IV See 11a	See Form 900 Bod	V Kon	10			
	Description of property	(a) Cost or o basis (investr	4-4) Accun	200000000000000000000000000000000000000	(d) Boo	k valu	е
	Land		menty basis	s (other)	depreci	auon			
13	Land								
Ь	Buildings	ven-							
	Leasehold improvements								
	Equipment			4 107					
_	Other			4,127.	- 3	3,897.			30.
Total	L Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10c.)	A WALLS	CONTRACTOR OF		2	30.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

SCHEDULE G (Form 990)

Department of the Tressury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2022

Open to Public Inspection

Name of the organization

GIRLS ON THE RUN OF THE SHENANDOAH

Employer identification number

45-3972189 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations c Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b if "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have ouslody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (or retained by) (iv) Gross receipts (iii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain:	Yes	□ No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	□ No
232082 10-27-22 Sched	ule G (Form	1 990) 2022

Schedule G (Form 990) 2022 45-3972189 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

GIRLS ON THE RUN OF THE SHENANDOAH

GIRLS ON THE RUN OF THE SHENANDOAH | Schedule G (Form 990) VALLEY | Part IV | Supplemental Information (continued) 45-3972189 Page 4

1

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

022	n to Public
7	Open

OMB No. 1545-0047

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

ž Employer identification number 45-3972189 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE SHENANDOAH (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table OF GIRLS ON THE RUN General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization VALLEY or government Name of the organization Part Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

GIRLS ON THE RUN OF THE SHENANDOAH

VALLEY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2022

Page 2

45-3972189

PART I, LINE 2:

ALL SCHOLARSHIPS ARE USED TO OFFSET PROGRAM REGISTRATION FEES.

Schedule I (Form 990) 2022 34 232102 10-31-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Informal Revenue Service

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

Inspection

Name of the organization

GIRLS ON THE RUN OF THE SHENANDOAH VALLEY

Employer identification number 45-3972189

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CREATIVELY INTEGRATES RUNNING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWED A COPY OF THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE FOR REVIEW UPON REQUEST.