Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
DUDI TO DIGGLOGUDE CODY
PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning $JUL 1$, 2022 and ending	JUN 30, 202	3
			D Employer identi	
_ {	Check if applicable	- Name of organization	2 Improyor ruoma	
	Addres change	GIRLS ON THE RUN OF NOVA		
F	Name		54-2026	885
F	Ichange □∏Initial	3		
H	Ireturn Final	Number and street (or P.O. box if mail is not delivered to street address) Room/st	· •	
L	return/ termin-	10301 DEMOCRACY LANE 100	703-273	
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,013,377.
F	return	TAIRTAX, VA 22050	H(a) Is this a group	
L	Applica tion pending	F Name and address of principal officer: CAROLLINE WOODS	for subordinate	es? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
Τ.	Tax-exe	mpt status: $X = 501(c)(3) = 501(c)(6)$ (insert no.) $4947(a)(1)$ or	527 If "No," attach	a list. See instructions
J	Website	HTTP://WWW.GOTRNOVA.ORG/	H(c) Group exempti	on number
K	orm of	organization: X Corporation Trust Association Other L Y		M State of legal domicile: VA
		Summary		<u> </u>
		Briefly describe the organization's mission or most significant activities: GIRLS ON	THE RUN OF I	NORTHERN
ည	1	VIRGINIA (GOTR NOVA) INSPIRES GIRLS TO BE JO	YFUL HEALTH	Y AND
nar	-			
Governance	1	Check this box if the organization discontinued its operations or disposed of n		1 4 4
ő		Number of voting members of the governing body (Part VI, line 1a)		
⋖ర		Number of independent voting members of the governing body (Part VI, line 1b)		
ies		otal number of individuals employed in calendar year 2022 (Part V, line 2a)		4000
₹		Total number of volunteers (estimate if necessary)		
Activities	7 a ∃	Total unrelated business revenue from Part VIII, column (C), line 12		
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11	7t	0.
			Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	435,535	355,218.
	9 F	Program service revenue (Part VIII, line 2g)	544,631	610,000.
ě	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0	4,842.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	980,166	969,972.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	
			0	* * *
	1		512,495	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 128,837.	U	• • • •
ᄶ	1		220 105	206 474
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	330,195	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	842,690	11 000
	19 F	Revenue less expenses. Subtract line 18 from line 12	137,476	
Soc			Beginning of Current Year	
set	20 7	Total assets (Part X, line 16)	816,685	
t As	21 7	Total liabilities (Part X, line 26)	52,951	
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20	763,734	767,705.
	art II	Signature Block		
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of i	my knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n t	Signature of officer	Date	
Her	L	CAROLINE WOODS, EXECUTIVE DIRECTOR		
HE	•	Type or print name and title		
_			Date Check	T I PTIN
Do:		Print/Type preparer's name Preparer's signature	if	
Pai	- +	NATALIE R. ANZZOLIN, CPA Matalie R. amzolin, CPA	self-empl	
	- +	Firm's name THOMPSON GREENSPON 40.25 PIDGE TOP DR GUITTE 70.0	Firm's EIN	54-1029635
use	Only	Firm's address 4035 RIDGE TOP RD, SUITE 700	,,	702\205 0000
		FAIRFAX, VA 22030	Phone no. (703)385-8888
Ma	y the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Check Schedule O contains a regions on note to any line in this Part III		990 (2022) GIRLS ON THE RUN OF NOVA	54-2026885	Page 2
Beliefly describe the organization's mission: GIRLS ON THE RUN OF NORTHERN VIRGINIA (GOTR NOVA) IS A NON-PROFIT 501(C)3 ORGANIZATION WITH A MISSION OF INSPIRING GIRLS TO BE JOYPUL, HERLITHY AND CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM WHICH CREATIVELY INTEGRATES RUNNING. Vers. Vers.	Pa			
GIRLS ON THE RUN OF NORTHERN VIRGINIA (GOTR NOVA) IS A NON-PROFIT 501(C) 3 ORGANIZATION WITH A MISSION OF INSPIRING GIRLS TO BE JOYPUL, HEALTHY AND CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM WHICH CREATIVELY INTEGRATES RUNNING. Did the organization undetake any significant program services during the year which were not listed on the proform 900 of 900-E2?		·		<u> </u>
HEALTHY AND CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM WHICH CREATIVELY INTEGRATES RUNNING. Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-627	1	GIRLS ON THE RUN OF NORTHERN VIRGINIA (GOTR NOVA		
CREATIVELY INTEGRATES RUNNING. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If 'Yes,' describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes IX No If 'Yes,' describe these changes on Schedule 0. 3 Did the organization or program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(e)(3) and 501(e)(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:) (success 5		501(C)3 ORGANIZATION WITH A MISSION OF INSPIRING	GIRLS TO BE JOYFUL	,
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 999 or 990-EZ?			SED CURRICULUM WHIC	H
prior Form 990 or 990 cer 290 ceres of Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		CREATIVELY INTEGRATES RUNNING.		
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not li		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			Yes	X No
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)(d) 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. 4 (Code:	2		yram convicos?	X No
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:)(coperess \$ 615, 229. including grants of \$) (Revenue \$ 610,000.) A CURRICULUM—BASED YOUTH DEVELOPMENT PROGRAM SERVING GIRLS. THE PROGRAM IS DELIVERED BEFORE OR AFTER SCHOOL. THE GOAL OF THE PROGRAM IS TO ENCOURAGE POSITIVE SOCIAL, MENTAL, AND PHYSICAL DEVELOPMENT. HELD A 5K IN THE SPRING AND TWO 5K'S IN THE FALL THIS YEAR. THE GOAL IS FOR PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENCOURAGING ENVIRONMENT. 4b (Code:)(Expenses \$	Ū	If "Yes," describe these changes on Schedule O.	,	
revenue, if any, for each program service reported. 4a (code)(Expenses & 615,229 * including grants of \$) (Revenue \$) (Revenue \$) A CURRICULUM -BASED YOUTH DEVELOPMENT PROGRAM SERVING GIRLS. THE PROGRAM IS TO ENCOURAGE POSITIVE SOCIAL, MENTAL, AND PHYSICAL DEVELOPMENT. HELD A 5K IN THE SPRING AND TWO 5K'S IN THE FALL THIS YEAR. THE GOAL IS FOR PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENCOURAGING ENVIRONMENT. 4b (Code)(Expenses \$	4			
4a (Code:) (Expenses \$ 615,229. excluding grants of \$) (Revenue \$ 610,000.) A CURRICULUM—BASED YOUTH DEVELOPMENT PROGRAM SERVING GIRLS. THE PROGRAM IS DELIVERED BEFORE OR AFTER SCHOOL. THE GOAL OF THE PROGRAM IS TO ENCOURAGE POSITIVE SOCIAL, MENTAL, AND PHYSICAL DEVELOPMENT. HELD A 5K IN THE FALL THIS YEAR. THE GOAL IS FOR PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENCOURAGING ENVIRONMENT. 4b (Code:) (Expenses \$ including grants of \$			cations to others, the total expenses,	and
A CURRICULUM—BASED YOUTH DEVELOPMENT PROGRAM SERVING GIRLS. THE PROGRAM IS DELIVERED BEFORE OR AFTER SCHOOL. THE GOAL OF THE PROGRAM IS TO ENCOURAGE POSITIVE SOCIAL, MENTAL, AND PHYSICAL DEVELOPMENT. HELD A 5K IN THE SPRING AND TWO 5K'S IN THE FALL THIS YEAR. THE GOAL IS FOR PARTICIPANTS TO COMPLETE A 5K IN A FOSITIVE, ENCOURAGING ENVIRONMENT. 4b (Code:) (Expenses \$			610	000
TS DELIVERED BEFORE OR AFTER SCHOOL. THE GOAL OF THE PROGRAM IS TO ENCOURAGE POSITIVE SOCIAL, MENTAL, AND PHYSICAL DEVELOPMENT. HELD A 5K IN THE SPRING AND TWO 5K'S IN THE FALL THIS YEAR. THE GOAL IS FOR PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENCOURAGING ENVIRONMENT. 4b (Code:) (Expenses \$	4a			
ENCOURAGE POSITIVE SOCIAL, MENTAL, AND PHYSICAL DEVELOPMENT. HELD A 5K IN THE SPRING AND TWO 5K'S IN THE FALL THIS YEAR. THE GOAL IS FOR PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENCOURAGING ENVIRONMENT. 4b (Code:) (Expenses \$				GRAM
TN THE SPRING AND TWO 5K'S IN THE FALL THIS YEAR. THE GOAL IS FOR PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENCOURAGING ENVIRONMENT. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)				Гт
### PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENCOURAGING ENVIRONMENT. #### (Code:) (Expenses \$				<u> </u>
4b (Code:) (Expenses \$				
4c (Code:) (Expenses \$		PARTICIPANTS TO COMPLETE A 5K IN A POSITIVE, ENC	OURAGING ENVIRONMEN	T.
4c (Code:) (Expenses \$				
4c (Code:) (Expenses \$				
4c (Code:) (Expenses \$				
4c (Code:) (Expenses \$				
4c (Code:) (Expenses \$				
4c (Code:) (Expenses \$				
4c (Code:) (Expenses \$	4h	(Code: \ \(\) (Evnences \(\) including grants of \(\)) (Revenue \$	1
		(Code) (Expenses #) (Nevenue Ф	
4d Other program services (Describe on Schedule O.)	4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
4d Other program services (Describe on Schedule O.)				
	4d	Other program services (Describe on Schedule O.)		

4e

including grants of \$ 615,229 .

Total program service expenses

) (Revenue \$

Form **990** (2022)

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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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	_		
J	similar amounts as defined in Rev. Proc. 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		X
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? <i>If</i> "Yes," <i>complete</i>			
	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		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
е	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	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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	<u> </u>
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

232003 12-13-22

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		v	
04 -	Schedule J	23	Х	
24 a	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
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		
2 5a	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			v
00	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contours Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

022) GIRLS ON THE RUN OF NOVA 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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	· · · · · · · · · · · · · · · · · · ·		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		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $$				
	$financial\ account\ in\ a\ foreign\ country\ (such\ as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	` ,			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		Х
С	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				Х
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	- Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
a b	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 w		76		
·	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ايدا			
a	Gross income from members or shareholders	11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

Form **990** (2022)

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			
			Yes	No
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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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			
	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 filedNONE			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	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			
	THE ORGANIZATION - 703-273-3153			
	10301 DEMOCRACY LANE SUITE 100, FAIRFAX, VA 22030			

Form **990** (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	on nor any related	orga	aniza	ation	oo r	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-			1	1	1	from the	from related	other
	(list any hours for	or director						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			ısate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee		1099-NEC)		and related
	below	idual	tution	l le	Key employee	est cc loyee	Je.	,		organizations
	line)	Indiv	Instit	Officer	Keye	High emp	Former			
(1) CAROLINE WOODS	40.00									
EXECUTIVE DIRECTOR						Х		154,499.	0.	432.
(2) KATYA GIMBEL	1.00									
BOARD MEMBER - SECRETARY		Х						0.	0.	0.
(3) CHRISTY DONATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) ROB HARGREVES	10.00									
BOARD MEMBER - PRESIDENT		Х		Х				0.	0.	0.
(5) CHRIS HOLLAND	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHRISTEN SMITH	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(7) CHRISTINE KLEIN	1.00									
BOARD MEMBER - VICE PRESID		Х						0.	0.	0.
(8) JACK MOORE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHARLES NEAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LIBBY SMITH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CASSIE WILMOUTH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ALFONSO WRIGHT	1.00									
BOARD MEMBER - TREASURER		Х						0.	0.	0.
(13) KRISTEN CHEMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) SILVIA LOVATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JESSICA MARGARIT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ALEX YAVARI	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1	l	ı	I	1	ı			

232007 12-13-22 Form **990** (2022)

Page 8

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimat	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	í	amount	
		week (list any	_	Coran		I	174443	1	from	from related		other	
		hours for	irecto						the organization	organizations (W-2/1099-MISC)		mpens from th	
		related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	- 1	rganiza	
		organizations	Individual trustee or director	Institutional trustee		/ee	mper		1099-NEC)	10001120)	- 1	nd rela	
		below	idual	ution	<u></u>	key employee	est co oyee	e	,		or	ganizat	ions
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
											4		
											+		
											+		
											+		
			_				_				\perp		
1b	Subtotal			<u> </u>		<u> </u>	<u> </u>		154,499.	().	4	32.
c	Total from continuation sheets to Part VI	II, Section A							0.	().		0.
	Total (add lines 1b and 1c)								154,499.	C).	4	32.
2	Total number of individuals (including but n								eceived more than \$100	0,000 of reportable			
	compensation from the organization												<u> </u>
												Yes	No
3	Did the organization list any former officer,	•		•		•		_		•		-	X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										3		^
4	and related organizations greater than \$15	=		-						trie organization	4	Х	
5	Did any person listed on line 1a receive or a									idual for services			
	rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-			-		5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										ensation	າ from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.		<u>(0)</u>	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Comp	(C) ensatio	on
								\neg	•				
								_					
-								\dashv					
2	Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation					0				Го:	n 990	(2022)
											ron	11 330	(2022)

Page **9**

GIRLS ON THE RUN OF NOVA Part VIII Statement of Revenue

		Check if Schedule O co	ontains a response	or note to anv lin	ne in this Part VIII			
			•	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Turiction revenue	business revenue	sections 512 - 514
nts its	1 a	Federated campaigns	1a					
our ar		Membership dues						
S, G		Fundraising events		15,094.				
ar,		Related organizations						
ini.		Government grants (contrib		25,000.				
rior S	f	All other contributions, gifts, g	rants, and					
the		similar amounts not included a	above 1f	315,124.				
similar amour g Noncash contrib h Total. Add li		Noncash contributions included in li	ines 1a-1f 1g \$	16,341.				
ပ္ပိုင္ပါ	h	Total. Add lines 1a-1f			355,218.			
				Business Code				
မွ	2 a	PROGRAM SERVIO	CES	611600	610,000.	610,000.		
ه چَ	b							
Sul	С							
eve	d	•						
Program Service Revenue	е		_					
₽	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f			610,000.			
	3	Investment income (includi	ing dividends, intere	est, and				
		other similar amounts)			5,570.			5,570.
	4	Income from investment of	tax-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	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} 36,879.					
_	b	Less: cost or other basis						
an			_{7b} 37,607.					
ě	С	Gain or (loss)	7c −728.					
ther Revenue		Net gain or (loss)			-728.			-728.
je	8 a	Gross income from fundraising						
ō		including \$15	<u>,094.</u> of					
		contributions reported on I	· ·					
		Part IV, line 18		5,710.				
		Less: direct expenses		5,798.	0.0			0.0
		Net income or (loss) from for			-88.			-88.
	9 a	Gross income from gaming						
		Part IV, line 19						
		Less: direct expenses	·····					
		Net income or (loss) from g						
	10 a	Gross sales of inventory, le						
		and allowances						
		Less: cost of goods sold						
\dashv	С	Net income or (loss) from s	ales of inventory	Business Code				
Sno	44 -			Business Code				
Miscellaneous Revenue	11 a							
ella Ver	b							
Re	q C	All other revenue						
Σ		Total. Add lines 11a-11d		l				
	12	Total revenue. See instruction			969,972.	610,000.	0.	4,754.
	12	. J.u. 1010mus. Occ mondellor			, _ , _ ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_,,,

232009 12-13-22

Form **990** (2022)

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).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	. Gran GAPGINGGG	expenses	general expenses	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	trustees, and key employees	154,931.	92,959.	30,986.	30,986
6	Compensation not included above to disqualified	134,331.	32,333.	30,300.	30,300
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	360,699.	213,490.	73,913.	73,296
8	Pension plan accruals and contributions (include	,	,	, , , , , ,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,284.	18,170.	6,057.	6,057
10	Payroll taxes	38,890.	23,334.	7,778.	6,057. 7,778.
11	Fees for services (nonemployees):			•	<u> </u>
а	Management				
	Legal				
	Accounting				
	Lobbying				
	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 O.)	95,967.	15,442.	80,525.	
12	Advertising and promotion	245.		245.	
13	Office expenses	13,743.		13,743.	
14	Information technology				
15	Royalties	F2 000	21 500	10 555	10 500
16	Occupancy	53,077.	31,580.	10,777.	10,720
17	Travel	351.		351.	
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				
22	Depreciation, depletion, and amortization	8,946.		8,946.	
23	Other expenses. Itemize expenses not covered	0,940.		0,940•	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	RACE EXPENSES	162,953.	162,953.		
b	PROGRAM EXPENSES	57,301.	57,301.		
С	MISCELLANEOUS	3,629.		3,629.	
d	BOARD EXPENSES	262.		262.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	981,278.	615,229.	237,212.	128,837
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22201	0 12-13-22				Form 990 (2022

Part X Balance Sheet

art A	Dalance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	339,823.	1	434,288
2		422,627.	2	22,654
3	Pledges and grants receivable, net	35,426.	3	46,000
4	Accounts receivable, net	3,115.	4	1,538
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	
2 7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
έ 9	Prepaid expenses and deferred charges	7,891.	9	14,349
10:	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 30,760.			
	b Less: accumulated depreciation 10b 30,760.	0.	10c	0
11	Investments - publicly traded securities		11	302,892
12	Investments - other securities. See Part IV, line 11		12	-
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	7,803.	15	246,469
16	Total assets. Add lines 1 through 15 (must equal line 33)	816,685.	16	1,068,190
17	Accounts payable and accrued expenses	48,345.	17	58,803
18	Grants payable		18	
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,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
5	controlled entity or family member of any of these persons		22	
i 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	4,606.	25	241,682
26	Total liabilities. Add lines 17 through 25	52,951.	26	300,485
,	Organizations that follow FASB ASC 958, check here			
2	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	713,734.	27	723,374
28	Net assets with donor restrictions	50,000.	28	44,331
Í	Organizations that do not follow FASB ASC 958, check here			
;	and complete lines 29 through 33.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	ECO EO 4	31	868 865
	Total net assets or fund balances	763,734.	32	767,705
33	Total liabilities and net assets/fund balances	816,685.	33	1,068,190 Form 990 (2022

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			<u>72.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			78.
3	Revenue less expenses. Subtract line 2 from line 1	3			06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			34.
5	Net unrealized gains (losses) on investments	5			09.
6	Donated services and use of facilities	6	1	<u>4,1</u>	68.
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	76	7,7	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				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 on Schedule	e O.			
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	d 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 separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

GIRLS ON THE RUN OF NOVA

Form **990** (2022)

SCHEDULE A

(Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 54-2026885

	GIRL	S ON THE	RUN OF NOVA				5	4-2026885
Part	I Reason for Public	Charity Statu	US. (All organizations mus	t complete t	his part.) S	See instruction	s.	
The org	janization is not a private found	dation because it	t is: (For lines 1 through 1	2, check only	one box.)	1		
1 _	A church, convention of ch	nurches, or assoc	ciation of churches descri	bed in sectio	on 170(b)(1)(A)(i).		
2 _	A school described in sect	tion 170(b)(1)(A)((ii). (Attach Schedule E (F	orm 990).)				
3	A hospital or a cooperative	hospital service	organization described in	section 170)(b)(1)(A)(i	ii).		
4	A medical research organiz	zation operated ir	n conjunction with a hosp	ital describe	d in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated f	or the benefit of	a college or university ow	ned or opera	ted by a g	overnmental u	ınit descrik	oed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.))					
6	A federal, state, or local go	vernment or gov	rernmental unit described	in section 1	70(b)(1)(A))(v).		
7 X	🚺 An organization that norma	ally receives a sul	bstantial part of its suppo	rt from a gov	ernmenta/	l unit or from th	ne general	public described in
_	section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8 _	A community trust describe	ed in section 17 0	0(b)(1)(A)(vi). (Complete F	Part II.)				
9 🗀	☐ An agricultural research or:	ganization descri	ibed in section 170(b)(1)(A)(ix) operat	ed in conji	unction with a	land-grant	college
	or university or a non-land-	grant college of a	agriculture (see instruction	ns). Enter the	name, cit	y, and state of	the colleg	je or
	university:							
10	An organization that normal	ally receives (1) m	nore than 33 1/3% of its s	upport from	contribution	ons, membersh	nip fees, ar	nd gross receipts from
	activities related to its exer	mpt functions, su	ubject to certain exception	ns; and (2) no	more tha	n 33 1/3% of i	ts support	from gross investment
	income and unrelated busi		ome (less section 511 tax	from busine	esses acqu	uired by the or	ganization	after June 30, 1975.
	See section 509(a)(2). (Co							
11	An organization organized	•	*	-				
12 _		•	•	· ·			•	
	more publicly supported or	-		-				Check the box on
Г	lines 12a through 12d that	-			•		-	
a L		•	ed, supervised, or control		-	-		
	* * * * * * * * * * * * * * * * * * * *		to regularly appoint or ele	ct a majority	of the aire	ctors or truste	es of the s	supporting
" [organization. You must o	-		aatian with i	ta aunnaut	ad araanizatio	n(a) by be	w do a
b L		•	vised or controlled in conr			-		-
	organization(s). You mus		organization vested in th	e same persi	ons mai c	officiol of filaria	ge trie sup	pported
c [orting organization operat	ed in connec	tion with	and functional	lly integrat	ed with
C .			tions). You must comple t				ly integrate	ea with,
d [. , .	supporting organization of	-		-	ted organi	ization(s)
u .		-	ganization generally must			• •	•	. ,
	•	•	complete Part IV, Section	•		•	r arr accorn	
е [ed a written determination				II. Type III	
			nctionally integrated supp				, . ,	
f E	inter the number of supported		, ,	5 5				
	rovide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	n (iv) Is the orga	anization listed ing document?	(v) Amount of	•	(vi) Amount of other
	organization		(described on lines 1-1 above (see instructions	U V.	No	support (see in	structions)	support (see instructions)
Total						I		I

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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	270,884.	286,027.	490,437.	315,535.	335,928.	1,698,811.	
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	270,884.	286,027.	490,437.	315,535.	335,928.	1,698,811.	
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)						29,052.	
	Public support. Subtract line 5 from line 4.						1,669,759.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 490, 437.	(d) 2021 315,535.	(e) 2022	(f) Total	
7	Amounts from line 4	270,884.	286,027.	490,437.	315,535.	335,928.	1,698,811.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	4,050.	2,098.	665.		5,570.	12,383.	
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						1,711,194.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,749,311.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
_	organization, check this box and stor						L	
	ction C. Computation of Publ						07 50	
	Public support percentage for 2022 (14	97.58 % 91.56 %	
15	Public support percentage from 2021					15		
16a	33 1/3% support test - 2022. If the c	•		•		•		
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. 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							
D								
170	and stop here. The organization qualifies as a publicly supported organization							
17 a		-						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances tes	· ·	•			17a, and line 15 is 1		
Ď	more, and if the organization meets the	-					1070 OI	
	organization meets the facts-and-circ				-			
10	Private foundation. If the organization							
10	i invate roundation. Il the organizatio	n did HOL CHECK a	DON OH III ID 13, 10	a, 100, 11a, 01 1/L	, OHEON HIS DOX 8	ina see manuchons	·	

Schedule A (Form 990) 2022

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.)

Sec	etion A. Public Support	ciow, picade com	piete i dit ii.,				
	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.")						
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 business under section 513						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box at	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	organization did ı	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	Private foundation. If the organization			•		ū	

232023 12-09-22

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

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 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.**
- 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.
- 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.
 - **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
1		
2		
_		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		1	·
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	_ 1		<u> </u>
000	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	6.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
L)	DIG THE OFGENERATION EXCLUSE A SUBSTAINAL GRAPE OF UNEQUOIDOVER THE DOLICIES, DIOGRAMS, SHO SCHVINES OF EACH			

Sche	edule A (Form 990) 2022 GIRLS ON THE RUN OF NOV			54-2026885 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (e <i>xplain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

instructions).

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

emergency temporary reduction (see instructions).

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Schedule B (Form 990) (2022)

Internal Revenue Service

Name of the organization

Employer identification number

GIRLS ON THE RUN OF NOVA 54-2026885 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "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 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.

Name of organization

Employer identification number

GIRLS ON THE RUN OF NOVA

54-2026885

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 36,431.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000.	Person X Payroll

Name of organization

Employer identification number

54-2026885

GIRLS	ON THE RUN OF NOVA		54-2026885
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 contribution	(d) Type of contribution
7		\$10,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8		\$7,5	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		 \$10,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GIRLS ON THE RUN OF NOVA

54-2026885

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
2	GIFTCARD 4,150.00 BAGS 825.00 FOOD 1,403.00 FOOD 2,463.86 FOOD 3,589		
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
223453 11-1	5-22		Schedule B (Form 990) (2022)

54-2026885 GIRLS ON THE RUN OF NOVA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

Employer identification number

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 Inspection

Name of the organization

GIRLS ON THE RUN OF NOVA

Employer identification number 54 - 2026885

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised	d 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	writing that the assets he	eld in donor advised fur	nds
	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	advisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	y other purpose confe	rring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat		ı	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the organ	nization during the tax
_	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, ar	nd enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and an	forcing concentation of	accoments during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	ulling of violations, and en	forcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)(4)(f	3)(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
_	balance sheet, and include, if applicable, the text of the foot		<u> </u>	
	organization's accounting for conservation easements.	3		
Par	t III Organizations Maintaining Collections o	of Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	ince of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tree			· · · · · · · · · · · · · · · · · · ·
	the following amounts required to be reported under FASB A	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a	Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, d	or Othe	r Simil	ar Asse	t s (continu	ed)
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization and control of arth, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance 1 Descriptions during the year 1 Description of the year 1 Ending balance 2 Distributions during the year 1 Ending balance 1 Description of programization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, line years back (g) Time years back (g) Four years back 1a Beginning of year balance 1b Contributions C Net investment earnings, gains, and losses 1d Grants or scholarships C Term endowment 96 Pervolute the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 96 Pervolute the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endow	3	Using the organization's acquisition, accession	n, and other record	ds, checl	k any of the	following tha	t make si	gnificant	use of its	;	
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization sollection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. 1a Is the organization the arrangement in Part XIII and complete the following table:	а	Public exhibition	c		Loan or exc	hange progra	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount 1c Amount 1c Amount 1c Amount 1c Beginning balance 1 Ending balance 1 Ending balance 2 Distributions during the year 1 Ending balance 1 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 5 Contributions 1a Beginning of year balance 6 Contributions 6 Contributions 7 Additional during the year 1a Beginning of year balance 9 Contributions 1a Beginning of year balance 1b Contributions 9 Contributions 1c Additional during the year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)	С	Preservation for future generations									
Description	4	Provide a description of the organization's col	lections and explai	n how th	ney further t	he organizati	on's exem	pt purp	ose in Pai	t XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves		to be sold to raise funds rather than to be mai	ntained as part of	the orga	nization's c	ollection?				Yes	No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table:	Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered '	'Yes" on F	orm 99	0, Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on provided or part IV. Illine 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of any programs (c) Two years back (e) Four years back of any programs (e) Chree explanation has been provided on the programs of Administrative expenses (e) Four year of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment / % b Permanent endowment / % c Term endowment / % c Term endowment / y6 c Term endowment /		reported an amount on Form 990, Part	X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other as	sets not i	ncluded	_	_	
c Beginning balance It It It It It It It I		on Form 990, Part X?							L	Yes	└── No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back The Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing 1	table:						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Pervive the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % c Term endowment % b Permanent endowment % c Term endowment indis not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations ii) Related organizations iii) Related organizations iii) Related organizations b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value										Amount	
e Distributions during the year f Ending balance 2 bit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9% c Term endowment 9% c Term endowment 9% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	С	Beginning balance						1c			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Endowment Funds and Equipment.	d	Additions during the year						1d			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No by If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Reginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (for the part of year scholarships (e) Contributions (for the investment earnings, gains, and losses (for ants or scholarships (for earnings)	е	Distributions during the year						1e			
Description of property Description of p	f									_	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		•						y?	L	Yes	∐ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Term endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value											
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	Par		-						raana haali		anna hank
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations year (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value		 	(a) Current year	(b) P	rior year	(c) Two year	s dack (i) inree	ears back	(e) Four y	ears dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment f The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) a Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	1a	T-									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships									
f Administrative expenses g End of year balance	е	-									
g End of year balance											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f										
a Board designated or quasi-endowment	g										
b Permanent endowment	2			ce (line 1	g, column (a	a)) held as:					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	а	· · · · · · · · · · · · · · · · · · ·		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Resolved organizations (iii) Resolved organizations (iv) Unitial description of property (iv) Unitial description of property (iv) Unitial description of the organizations listed as required on Schedule R? (iv) Unitial description of the organization of the org	b										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Un	С										
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations											
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	3a	•	sion of the organiz	ation tha	at are held a	ınd administe	red for the	Э		L.	/aa Na
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value											es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value										· - · ·	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value											——
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	b									. 3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	Bar			owment	tunas.						
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	Fai) Part I\	/ lino 11a 9	Soo Form 000	Dort V I	ino 10			
		· · · · · · · · · · · · · · · · · · ·				1			- al	(al) De als	
Dasis (IIIVestifierity Dasis (Utilet) deprediation		Description of property	` '			I				(a) Rook	value
4e Lond		Land	<u> </u>	116111)	Dasis	(outer)	uepi	Colation			
1a Land											
b Buildings											
c Leasehold improvements 30,760. 30,760. 0.					3	0.760		30 7	60.		<u> </u>
		±				3,700.		<i>55,1</i>			
e Other				X colur	nn (R) line i	10c)			- 		0.

Schedule D (Form 990) 2022

	HE RUN OF NOVA	. 54	4-2026885 Page 3
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 er	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 er	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"	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSIT			7,803.
(2) ROU ASSET			233,432.
(3) ACCRUED INTEREST RECEIVA	BLE		1,748.
(4) INVENTORY ASSET			3,486.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		246,469.
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 2	? 5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILLIT	Ϋ́		241,682.
(3)			1
(4)			1
(5)			1
(6)			1
(7)			†
(8)			+
(9)			†
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		241,682.
((7		

2. 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... X

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
Total revenue, gains, and other support per audited financial statements			1	990,075.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments	2a	1,109.		
Donated services and use of facilities	2b	14,169.		
Recoveries of prior year grants	2c			
Other (Describe in Part XIII.)	2d			
			2e	15,278.
			3	974,797.
	1 1	0.70		
	4b	-5,797.		4 005
				-4,825.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)	Evnonces nor		969,972.
		Expenses per	neturi	ı .
			1	986,104.
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities	2a			
Prior year adjustments	2b			
Other losses	2c			
Other (Describe in Part XIII.)	2d			_
Add lines 2a through 2d			2e	0.
Subtract line 2e from line 1			3	986,104.
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Other (Describe in Part XIII.)	4b	-5,798.		4 006
			4c	-4,826.
	8.)		5	981,278.
	4. Dort IV lines 1b	and Oh: Dort V. line	1. Dort V	line Or Dort VI
			4, Part A,	illie 2, Part XI,
RT X, LINE 2:				
E ORGANIZATION HAS NO UNCERTAIN TAX POS	SITIONS TH	AT QUALIFY	FOR	EITHER
COGNITION OR DISCLOSURE IN THE FINANCIA	L STATEME	NTS RELATE	D TO	UNCERTAIN
K POSITIONS.				
RT XI, LINE 4B - OTHER ADJUSTMENTS:				
NDRAISING EXPENSES				-5,797.
RT XII, LINE 4B - OTHER ADJUSTMENTS:				
NDRAISING EXPENSE				-5,798.
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 **XIII Supplemental Information.** de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provide a complete this part to provide and 4b and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provide and 4b; and Part XII, lines 4b — OTHER ADJUSTMENTS: **EDRAISING EXPENSES** ATX I INE 4B — OTHER ADJUSTMENTS: **EDRAISING EXPENSES**	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net urnealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Cother (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Cother (Describe in Part XIII) 4b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Cother (Describe in Part XIII.) 2b Cother losses Cother (Describe in Part XIII.) 2c Cother (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Cother (Describe in Part XIII.) 4b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 4; Part IV, lines 2d and 4b. Also complete this part to provide any additional inform XIII. COGNITION OR DISCLOSURE IN THE FINANCIAL STATEMES COGNITIONS . AT XI , LINE 4B - OTHER ADJUSTMENTS: COGNITIONS EXPENSES	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Donated services and use of facilities 2a	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Note turnealized gains (losses) on investments Donated services and use of facilities Cither (Describe in Part XIII) Add lines 2a through 2a Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 7b Cither (Describe in Part XIII) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) Total expenses and included on Form 990, Part XIII, line 12. but not on line 1: Investment expenses on tire lost of facilities Complete if the organization answered "Yes" on Form 990, Part II, line 12. Total expenses and included on Form 990, Part X, line 12. Total expenses and included financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and use of facilities Control of the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and use of facilities Control of the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and use of facilities Date of the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and use of facilities 2a Total expenses and use of facilities 2b Control (Describe in Part XIII) Add lines 2a through 2a 2c Control (Describe in Part XIII) Add lines 2a through 2a 2c Control (Describe in Part XIII) Add lines 2a through 2a 2c Control (Describe in Part XIII) Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, LINE 2: CORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR COGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS RELATED TO COGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS RELATED TO COGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS RELATED T

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	GIRLS ON THE	RUN OF NOVA	54-2026885 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Info	rmation (continued)		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

entered more than \$15,000 on Form 990-EZ, line of Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GIRLS O	N THE RUN OF NOVA				54-2026	885	
	Complete if the organization answer	ered "\	'es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	sed funds through any of the following sed funds through any of the following Solicita for oral agreement with any individual fart VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra I (inclu	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did					
		Yes	No				
Total							
3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration	
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule	G (Form 990) 2022	

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				NATS - NON	NONE	(add col. (a) through
			LUNAFEST	PROFIT NIGHT		col. (c))
е			(event type)	(event type)	(total number)	(-)/
Revenue			10 242	1 560		20 004
Вè	1	Gross receipts	19,242.	1,562.		20,804.
		Lance Contributions	14,832.	262.		15,094.
	2	Less: Contributions	14,032.	202.		13,034.
	3	Gross income (line 1 minus line 2)	4,410.	1,300.		5,710.
		arose meeme (mie i minas mio z)	, -	,		
	4	Cash prizes				
	5	Noncash prizes				
ses			0.070			0.070
per	6	Rent/facility costs	2,279.			2,279.
Direct Expenses	_		955.			955.
irec	′	Food and beverages	955.			955.
	8	Entertainment				
	9	Other direct expenses	1,246.	1,318.		2,564.
	_	Direct expense summary. Add lines 4 through				5,798.
		Net income summary. Subtract line 10 from li	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-88.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	_
		\$15,000 on Form 990-EZ, line 6a.				
æ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billigo/progressive billigo		col. (a) through col. (c))
Be	_	0				
		Gross revenue				
	2	Cash prizes				
Direct Expenses	_	5.45. p. 255				
ф	3	Noncash prizes				
ΉE						
ji ec	4	Rent/facility costs				
	5	Other direct expenses				
		Malaunta au lab au	Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	•	Broot expense summary. And into 2 through	10 iii oolaiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		-	•			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
10-	\//-	ere any of the organization's gaming licenses re	wokod guarandad+	arminated during the tax	voor?	Yes No
		re any of the organization's gaming licenses re Yes," explain:			year?	. ∟⊥ res ∟⊥ No
N	"	. 55, OAPIGITI.				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022 GIRLS ON THE RUN OF NOVA 54-2	026	885	Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Ш,	Yes	└─ No
	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		<u>%</u>
	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			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	' Ш '	Yes	└── No
	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
	on roo, onto hand address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
10	daning manager information.			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Many diskard disk the disk as			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
-	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
_	organization's own exempt activities during the tax year \$			
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lir	ies 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990)	GIRLS ON	THE RUN C	F NOVA	54-2026885 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued	<i>t</i>)		-
-					
-					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

Employer identification number

GIRLS ON THE RUN OF NOVA

54-2026885

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year did any pareen listed on Ferm 000 Part VIII. Section A line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а		4a		х
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c		4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	compensation other deferred benefits (B)(i)-(D		(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAROLINE WOODS	(i)	140,454.	14,045.	0.	0.	432.	154,931.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
(ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	(ii) (i)							
	(') (ii)							
	(i)							
	(') (ii)							
	(i)							
	ii)							
	, (i)							
	(i) (ii)							
	(i)							
	ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

GIRLS ON THE RUN OF NOVA

Employer identification number 54-2026885

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM WHICH CREATIVELY

INTEGRATES RUNNING. VOLUNTEER COACHES WHO ARE TRAINED BY GOTR NOVA

DELIVER AN INTERACTIVE CURRICULUM. THE PROGRAM PREPARES THE GIRLS FOR A

LIFETIME OF HEALTHY LIVING AND SELF-RESPECT. THE ORGANIZATION SERVES

OVER 3,000 GIRLS AT MORE THAN 120 SITES IN NORTHERN VIRGINIA. GOTR NOVA

IS LED BY AN EXECUTIVE DIRECTOR AND GOVERNED BY A BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

CPA MAKES A DRAFT OF THE FORM 990 AVAILABLE TO THE BOD AND EXECUTIVE

DIRECTOR FOR REVIEW AND DIRECT QUESTIONS TO THE PRESIDENT AND TREASURER.

EXECUTIVE DIRECTOR THEN FACILITATES COMMENTS BACK TO CPA FIRM AND COMMENCES
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

THE CONFLICT OF INTEREST POLOCY COVERS ALL MEMBERS OF THE BOARD AND IS

MONITORED BY AN ANNUAL DISCLOSURE FORM DISTRIBUTED BY THE EXECUTIVE

DIRECTOR WHICH IS REVIEWED AND MAINTAINED BY THE EXECUTIVE DIRECTOR AND THE

CHAIR OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS EACH

TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICTS OF

INTEREST. IF POTENDIAL OR ACTUAL CONFLICTS (PAST, PRESENT, OR FUTURE) ARE

IDENTIFIED, THE EXECUTIVE COMMITTEE WOULD REVIEW THE THREAT AND DETERMINE

THE POTENTIAL OR ACTUAL IMPACT, THEN WOULD PROCEED TO ASK THE MEMBER TO

STEP OFF THE BOARD OR TO RECUSE HER/HIMSELF FROM VOTES AND ACTIVITIES

PERTAINING TO THE POTENTIAL CONFLICT. THE IDENTIFIED CONFLICTS OF INTEREST

AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF EACH BOARD

232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization GIRLS ON THE RUN OF NOVA	Employer identification number 54-2026885
MEETING.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING	F PERSONS INCLUDES
A REVIEW AND APPROVAL BY INDEPENDENT MEMBERS OF THE ENTIR	RE BOARD OF
DIRECTORS. COMPARABILITY DATA USED IN THE REVIEW PROCESS	IS OBTAINED FROM
GUIDESTAR AND OTHER FIELD SOURCES. THE DELIBERATIONS AND	DECISIONS ARE
DOCUMENTED IN THE MINUTES OF THE APPLICABLE BOARD MEETING	3.
THE COMPENSATION DETERMINATION PROCESS APPLIES TO THE FOI	LLOWING
OFFICES/POSITIONS AND THE MOST RECENT YEAR FOR WHICH THIS	S PROCESS WAS
UNDERTAKEN FOR EACH IS IDENTIFIED:	
EXECUTIVE DIRECTOR - 2021	
FORM 990, PART VI, SECTION C, LINE 19:	
GIRLS ON THE RUN OF NOVA PROVIDES LINKS TO GUIDESTAR PRO	FILE AND FINANCIAL
STATEMENTS ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE RETURN IS REVIEWED BY THE BOARD.	

Form **8868**

(Rev. January 2022)

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. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print GIRLS ON THE RUN OF NOVA 54-2026885 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 10301 DEMOCRACY LANE, 100 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 22030 FAIRFAX, VA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 THE ORGANIZATION The books are in the care of ► 10301 DEMOCRACY LANE SUITE 100 - FAIRFAX, VA 22030 Telephone No. ► 703-273-3153 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045