(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

 File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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.

Auton	natic 6-Month Extension of Time. C	only submit orig	inal (no copies needed).			
All corp	corations required to file an income tax retu	urn other than Fo	rm 990-T (including 1120-C filers), p	partnerships, RE	MICs, and	
trusts n	must use Form 7004 to request an extension	on of time to file in	ncome tax returns.			
Туре о				Taxpayer identif	ication num	ber (TIN)
print	Girls on the Run South Louisiana			27-0832549		
200000	Number, street, and room or suite no. I	f a P.O. box, see in	structions.			
File by the	e Dates Delle De ADT 404					
fling you		code. For a foreign	address, see instructions.			
return, Si instructio	00 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
	he Return Code for the return that this app	vlication is for (file	a separate application for each ret	um)	75 15 P	. 01
		Return	Application		-	Return
Applic		Code	Is For			Code
Is For						08
	990 or Form 990-EZ	01	Form 1041-A			09
The state of the s	4720 (individual)	03	Form 4720 (other than individual)			10
	990-PF	04	Form 5227			11
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12
	990-T (trust other than above)	06	Form 8870			12
Form	990-T (corporation)	07				
for the a list v	his is for a Group Return, enter the organize whole group, check this box	If it is for e extension is for of time until	part of the group, check this box.	file the exempt		nd attach
	for the organization named above. The ex	tension is for the	organization's return for.			
	➤ X calendar year 20 22 or					
	tay year beginning		20 , and ending		, 20	
	Lax fear beginning			_		
2	If the tax year entered in line 1 is for less: Change in accounting period	than 12 months,	check reason: Initial retu	m Final re	etum	
3a	If this application is for Forms 990-PF, 990	0-T, 4720, or 606	9, enter the tentative tax, less			59
	any nonrefundable credits. See instruction	ns.		3a	\$	-
b	If this application is for Forms 990-PF, 99	0-T, 4720, or 608	9, enter any refundable credits and			
_	estimated tax payments made. Include ar	ny prior year over	payment allowed as a credit.	3b	\$	
c	Balance due. Subtract line 3b from line 3	a. Include your p	ayment with this form, if required, b	у		
177	using EFTPS (Electronic Federal Tax Pay	ment System). S	ee instructions.	3c		
Cauti	on: If you are going to make an electronic fund	is withdrawal (direc	t debit) with this Form 8868, see Form	8453-TE and For	n 8879-TE	for
naume	ent instructions.					
payme	ans made depression				0001	9

Form 990

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

			idar year, or tax year begin		, and t	ending	S Continu	- id-adificati	ee ermber
	if applic	_		s on the Run South Louisiana			D Employe	er identificati	on number
Addres	ss chan	ge	Doing business as		1-				
Mama	change		Number and street (or P.O. box i	f mail is not delivered to street address)	Room/suite		27-083254		
real life	Change	3	185 Balis Dr		104		E Telephor	ie number	
Initial r	mutan	- 1	City or town	State	ZIP code		(225) 262-	9539	
Eirolas	tum/termi	B Instant	aton Rouge	LA	70808			4	
T HIGH INC	Minister		Foreign country name	Foreign province/state/county	Foreign posta	al code			170.004
Amen	ded retu	im _				_	G Grosem	cerpts S	170,004
Applic	ation pe	ending F	Name and address of principal of	flicer:		H(a) is	this a group retail	for subordinate	s? Yes X No
		-	one C Fuller 10172 Cottor	Field Ct, St Francisville, LA 70	775	H(b) A	re all subordina	es included?	Yes No
			prompt pr			T	"Not attach a		
Taox-e	xempt s	status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	-	1	inge doc most	
Webs	site:	www.	girlsontherunsola.org			H(c) G	roup exemption	number	
Form	of orms	nization:	X Corporation Trust	Association Other	LY	earlot form	nation 2010	M State	of legal domicile: LA
	-	_				1			
art			mary	larian and significant paties	an leke	nico oide	e to be inch	I haalthy s	and
2 3	Br	iefly des	scribe the organization's m	ission or most significant activit	es. Ins		s to be joyfu	i, nealiny a	311U
	CO	nfident	using a fun, experienced b	ased curriculum which creative	y integrates	ranging			
						2.)			
2	Ch	heck this	s box if the organia	zation discontinued its operation	s or dispose	d of mo	re than 25%	of its net	assets.
3		umber o		overning body (Part VI, line 18)				3	12
4	. Ni	umber o	f independent voting mem	bers of the governing body (Rai	t W. line 1b)			4	12
5	To	tal num	her of individuals employe	d in calendar year 2022 (Part V	line 2a)			5	5
1 7			ber of volunteers (estimate		4			6	
6				om Part VIII, column (C), line 12				7a	0
						10 10	A 14	7b	
+	b Ne	et unreia	sted business taxable inco	me from Form 990-T, Part I, line	: 11	1	Prior Year	1.0	Current Year
	90 20							11,572	72,342
8			ons and grants (Part VIII, I		2. 183.2.1			-	93,645
9			service revenue (Part VIII,					47,445	
10) In	vestmer	nt income (Part VIII, colum			-		0	0
11	0	ther rev	enue (Part VIII, column (A), lines 5, 66, 8c, 9c, 10c, and 1	1e)			481	360
12	? To	tal rever	nue-add lines 8 through 11	(must equal Part VIII, column (A),	line 12)		- 1	59,498	166,347
13	G	rants an	id similar amounts paid (P	art IX, column (A), lines 1-3).	1			0	
14	Be	enefits p	paid to or for members (Pa	rt IX, column (A), line 4)	****			0	
15	S Sa	alaries, d	effer compensation, employe	coordits (Part IX, column (A), lir	nes 5-10)			94,369	105,852
16				X, column (A), line 11e)				0	(
100			traising expenses (Part IX)		9,88	2			
17	, 0	ther eve	enses (Part IX column (A), lines 11a-11d, 11f-24e)				34,628	58,846
18	T/	atal avn	onege Add lines 13 17 (n	ust equal Part IX, column (A), li	ne 25)		1	28,997	164,698
			less expenses Subtract In					30,501	1,649
19	2 1	evenue	less expenses subjuste-in	ie to iron mac re		Begin	nning of Curre		End of Year
20 21 22	, T	otal ass	nto (Dant Whine MC)				CAR SALES	36,971	28,677
20			ets (Part X, tine 16)					12,554	2,611
21			lities (Part X, line 26)					24,417	26,066
				act line 21 from line 20		_		24,411	20,000
art I		Sign	nature Block					Laudadas	
der pe	nalties :	of perjury,	I declare that have examined the	s return, including accompanying schedu	oformation of wh	nts, and to	the best of my	wiedne	
belie	f, it is to	ue, correc	L and complete. Declaration of pre	sparer (other than officer) is based on all	mormanon or wi	пси рісра	irei isas aliji kin	omnugu.	
gn							Date		
ere		_	e of officer		F				
0.0			C Fuller		EX	ecutive	Director		
			Type or print name and title			To			PTIN
		Print	Type preparer's name	Preparer's signature		l D	late	Check	I FIIN
		You	I Ladaier	Toni L Ladnier		11	2/23/2023	self-employ	
id		TON	L Ladnier			- 1		26-377	
	rer			CPATTE:			Firm's EIN	20-311	1771
ера		Firm?	s name Toni L. Ladnier,					10000	0.5.0045
repa		2000		St Francisville, LA 70775			Phone no	(225) 6	35-3845
aid repa se C	only	Firm's	s address PO Box 2852, S		ons		Phone no	(225) 6	35-3845 X Yes No

Par	t III	Statement of Program S Check if Schedule O cont	service Accomplishments tains a response or note to a	ny line in this Part III .		
1	Inspire g	escribe the organization's missi				
2	Did the o	organization undertake any sign	nificant program services during t	he year which were not lis	sted on	
	the prior If "Yes,"	Form 990 or 990-EZ? describe these new services on	Schedule O.			Yes X No
3	services		or make significant changes in h	ow it conducts, any progra	am	Yes X No
4	Describe	the organization's program ser	rvice accomplishments for each	of its three largest program	m services, as mo	easured by
	expense	s. Section 501(c)(3) and 501(c)	(4) organizations are required to	report the amount of gran	nts and allocation	s to others,
	the total	expenses, and revenue, if any,	for each program service report	ed.		
4a	on the R event for and on t	un 5K events in Baton Rouge a r the 10-week Girls on the Run he celebration of mental, emoti	44,764 including gran n-based 5K celebrations in the stand Lafayette in the fall season. program and is centered around onal, social, and physical health, ple participated in the 5K events	oring season and two Girls The 5K is the culminating the girls and their families These events are open to	s	69,294)
		served as volunteers at the 5K e				
	People					
				V		
4b	designe navigate develop through is delive on the f million of parisher	d to enhance girls' social, psychelife experiences. The program ing competence, confidence, collessons that incorporate runninged by caring and competent collen, a non-profit organization with since its inception in 1996. In 2022, program services we	41,984 including gran ased positive youth developmen hological and physical skills and 's evidence-based curriculum pla onnection, character, caring and ing and other physical activities. To oaches who are trained to teach ith councils in all 50 states and to The Girls on the Run South Loui ere provided at 38 locations serving, implementing the organization.	t (PYD) program that is behaviors to successfully aces an emphasis on contribution in young girls he life skills curriculum lessons as intended. Girls he DC, has served over 2 siana council covers 18 ing a total of 636 girls.		23,032)
		- (7)) (Revenue \$	
4c	(Code:	(Expenses s		its or \$		
4d	Other p	rogram services (Describe on S	Schedule O)	100000000 #5		130-26
	(Expens	AND DESCRIPTION OF THE PERSON	cluding grants of \$	0) (Revenue \$		0)
4e	Total pr	ogram service expenses	86,748			

art	Checklist of Required Schedules		Yes	No
	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	
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			
0.75	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	8		100
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	2		
	"Yes," complete Schedule D, Part I	6	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	-		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7	_	^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		×
_	complete Schedule D, Part III	-		^
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	9		X
40	negotiation services? If "Yes," complete Schedule D, Part IV	-		1
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		100	
11	VII, VIII, IX, or X, as applicable.	1 00		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
- 4	Schedule D, Part VI.	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	1000		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	_	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X. line 16? If "Yes," complete Schedule Q. Part IX	11d	_	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
f	Did the organization's separate or consolidated finantial statements for the tax year include a footnote that addresses			L.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		×
	Schedule D, Parts XI and XII	12a	-	+^
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12b		×
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			1000
D	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			T
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	1_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	100		
	Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
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	208	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20t	1	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or demostic generation or Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II.	21		x
	demontic accomment on Part IX, column (A), line 17 if "Yes," complete 3chequie I, Parts I and II.	41		1 1

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			v
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
2.40	\$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	- X		
	to defease any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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 t	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	051		V
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from ar payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		^
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," camplete 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.	1100	1119	
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			Mar.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	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	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	-	Α.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	^
33	sections 301.7701-2 and 301.7701-3? If Yes, * complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		-
34	III, or IV, and Part V, line 1	34		X
255	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			2000
	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? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
-(37.50	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the figure reported in our order and a series of the	0		
b	Effect the fidinger of Folias 14-20 included of fine to the special control of the special	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	200	1	
	reportable gaming (gambling) winnings to prize winners?	1c	000	X
		Form	990	(2022

that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

If "Yes," complete Form 6069

17

F	ы	611	20	91	en	14.6	
	F.		-	v.	ш		
	ь	Ċ.	ш	Ľ	ш		

Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	500	168	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or		7.13	
	if the governing body delegated broad authority to an executive committee or similar		100	
	committee, explain on Schedule O.	913	313	Seal.
	Enter the number of voting members included on line 1a, above, who are independent		7,88	
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		X
-	Did the organization delegate control over management duties customarily performed by or under the direct	_		
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 555 was ineq:	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	/a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
_	stockholders, or persons other than the governing body?	10	1135	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
172	the year by the following:	8a	Х	
a	The governing body?	8b	X	
D	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	00		
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue of	_)	-
Sec	tion B. Policies (This Section & requests information about policies not required by the informative version	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1	HER	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The state of the s	15a	X	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			134
16a				
100	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		1	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		8803	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(c)	1	
9.5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Anne Fuller (225) 636-0800)		
	3185 Balis Dr, Unit 104, Baton Rouge, LA 70808			
			000	

(F)

Part VII

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

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

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.

X Check this box if neither the organization nor any related organization compensated any durrent officer, director, or trustee.

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

		100	-		
		(C)			
		Position			
(A)	(B)	(do not check more than only	(D)	(E)	
Name and title	Average	box, unless person is both an	Reportable	Reportable	E
	hours	officer and a director/tristee)	compensation	compensation	
	per week	9 2 2 9 6 9 5 3	from the	from related	
	(list any	er and on the man	organization (W-2/	organizations (W-2/	

Name and title	Average hours per week (list any hours for related organizations below dotted line)		er an	d a di	sector	on Highest compensated		Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	Estimated amount of other compensation them the organization and related organizations
(1) K-Lynn McKey	2.00	1	6	П						
Treasurer	0.00		4	Ш	_	_				
(2) NeShana Bilbrew Vice President	2.00	/X								
(3) Erin Kilgore Director	2.00	х								
(4) Kathy McDowell Director	2.00 0.00	х								
(5) Amanda Trosdair	2.00								7	
Director	0.00	Х	┺	ш						
(6) Emily LeBeau	2.00								C. C	
Secretary	0.00	_	L							
(7) Lauren Hebert-Henderson Director	2.00 0.00									
(8) Haley Norton President	2.00 0.00									
(9) Katrena King Director	2.00									
(10) Natalie McCall	2.00		Т							
Director	0.00	X			-					
(11) Emily Stevens	2.00	-,00								
Director	0.00	X								
(12) Landley McClay	2.00									
Director	0.00	X								
(13) Anne Fuller Executive Director	40.00			x		x				
(14)	3.00		T				-			

	(A) Name and title	(B) Average						an	(D) Reportable compensation	(E) Reportable compensation	Estimate	(F) ed amount other
	*	per week (list any hours for related organizations below datted line)	Individual trustee or director		Officer	_	_	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	froi organiz	ersation in the cation and rganizations
(15)									1	7		
(16)									0	.)		
(17)				r					1			
(18)								-				
(19)							2					
(20)								J				N/E-
(21)				4	-	(-	-4				
(22)			0	0		1	9	->				
(23)				-	-	-						
(24)			1	0		H						
(25)			9	H		H		-				
1b	Subtotal	0	1					L	0	0		(
c	Total from continuation sheets to Part VII, Se	ection A							0	0	_	(
d	Total (add lines 1b and 1c)			-	-				0	and the second second		(
2	Total number of individuals (including but not for reportable compensation from the organization		sted a	NOCIE	/e) \	wno	recei	ved	more than \$10	J,000 OT		
	4	200 800 807 808		199		100	JANSON,				,	Yes No
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ctor, trustee, ke lule J for such ir	y em	ploy ual .	ee,				ompensated		3	×
4	For any individual listed on line 1a, is the sum of	of reportable co	mpen	sati	on a	and	other	con	mpensation from			
	the organization and related organizations great	ater than \$150,0	000? /	f "Y	es, "	con	nplete	So	thedule J for suc	ch	4	×
-	individual	nuo componenti	on fro	m a	nv i	ince	lated	oro	anization or indi	vidual	4	- î
5	for services rendered to the organization? If "Y	es," complete S	ched	ule .	I for	suc	ch pei	sor	1		5	X
Sec	tion B. Independent Contractors		dont				think.		sived many those	5100 000 of		
1	Complete this table for your five highest compe compensation from the organization. Report co	ensated indeper empensation for	the c	con	trac idar	yea	ar end	fing	with or within th	e organization's	tax yea	ir.
	(A) Name and business add						50-10-0		(B) Description of se		(C) Compens	
	100000000000000000000000000000000000000											
	The state of the s											(
				_		_						(
				_	_	_		-				
2	Total number of independent contractors (inclu	ding but not lim	ited to	o the	se	liste	ed abo	we)	who received			

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or r	note to any line in t	his Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	0				
Contributions, Glfts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
5 5	c	Fundraising events	1c	0				F-192985
A is	d	Related organizations	1d	0				
를 할	e	Government grants (contributions)	1e	0				
é E		All other contributions, gifts, grants, and					4	
5 5	3.5	similar amounts not included above	1f	72,342				
교후	q	Noncash contributions included in	-				and the	
늘의	Э	lines 1a–1f.	1g	\$ 0				
S €		Total. Add lines 1a–1f			72,342	0		
-	h	Total. Add lines 1a-11	-	Business Code	72,042	- Company		
Ф	20	EV Bussing Eupst	. 1		24,351	24,351		
Program Service Revenue	2a	5K Running Event		_	69,294	The second second		
ram Serv Revenue	b	After School Programs			00,254	100		
8 5	c				. 0			
e a	d		- 1		-			
B.	е		3			-		
-	f	All other program service revenue			0	1 10		
	g	Total. Add lines 2a–2f			93,645			
	3	Investment income (including dividends, in						
		other similar amounts)		70.00	0			
	4	Income from investment of tax-exempt bon	d pro	ceeds	0			
	5	Royalties			0			
		(i) Rea	ıl	(ii) Bersonal				
	6a	Gross rents 6a		V				
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securi	nes «	(ii) Other			Man Charles	
		sales of assets	490					
		other than inventory 7a	0	0				
9	b	Less: cost or other basis	1					
Revenue		and sales expenses 7b	0	0				
5	c	Gain or (loss) 7c	10	0				A PROPERTY OF THE PARTY OF
-	d	Net gain or (loss)			(
othe	8a							
ŏ		events (not including \$ 4,017						
		of contributions reported on line 1d						
		See Part IV, line 18	8a	4,017				
	ь	Less: direct expenses	8b	3,657				
	c	Net income or (loss) from fundraising even	its.		360			
		Gross income from gaming activities.					The second	
		See Part IV. Inc 19.	9a	0				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities				0		
		Gross sales of inventory, less						
	100	returns and allowances	10a	0				
			10b					THE RESERVE
	1	Less: cost of goods sold	_			0		
	c	Net income or (loss) from sales of inventor	y	Business Code				
25	44.			Societos Gran		0	1	
Revenue	11a					0		
lar	b					0		
90	C					0	1	
Miscellaneous Revenue	u u	All other revenue	9			0		
_	e			1 1 1	166,34		2	0 0
	12	Total revenue, See instructions			165,34	1 37,00	21	444

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Girls on the Run South Louisiana Form 990 (2022) 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 response or note to any line in this Part IX. (D) (C) (A) Do not include amounts reported on lines 6b, 7b, Management and Fundraising Program service Total expenses 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16. 0 Benefits paid to or for members Compensation of current officers, directors, Ò 0 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,195 26,704 98,490 62.59 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 0 Other employee benefits 0 9 1,996 687 7,362 4,679 10 Fees for services (nonemployees): 11 0 Legal - - b 3,740 740 0 Lobbying Professional fundraising services. See Part IV, line 17 Ò 6 Ö Other, (If line 11g amount exceeds 10% of line 25, column 0 0 (A), amount, list line 11g expenses on Schedule O.). 831 831 Advertising and promotion . . . 12 5.634 5,634 13 Office expenses 6,918 6.918 Information technology. 14 0 15 11,480 11,480 16 Occupancy 1,751 1,751 17 Travel. 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 549 549 Conferences, conventions, and meetings 19 0 20 0 Payments to affiliates . . . 21 0 0 Depreciation, depletion, and amortization 3.454 3,454 Insurance 23 Other expenses. Itemize expenses not covered 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.) 10,065 10.065 5K Running Event Expenses 9,413 9,413 After School Program Expenses 5.011 5.011 Bank/Merchant Fees C 0 d 0 All other expenses e 9,882 68,068 86,748 164,698 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the

Pa	rt X	Balance Sheet Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		35,571	1	27,277
	2	Savings and temporary cash investments		0	2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from any current or for	mer officer, director,			
		trustee, key employee, creator or founder, substanti	al contributor, or 35%			
		controlled entity or family member of any of these p	ersons	0	5	
	6	Loans and other receivables from other disqualified p	ersons (as defined	-	L	
	1000	under section 4958(f)(1)), and persons described in s	section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net		70	7-0	0
89	8	Inventories for sale or use		- 0	8	
4	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or				
		Circle Section Control Control Control)a 7,764			
	b	Edda de la composition della c	0b 7,764	0	_	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.	The state of the s	0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	· ·
	15	Other assets. See Part IV, line 11		1,400	15	1,400
	16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)	36,971	16	28,677
	17	Accounts payable and accrued expenses	7	223	-	
	18	Grants payable		0		
	19	Deferred revenue		0		
	20	Tax-exempt bond liabilities		0	_	
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former	onicer, director,			
=		trustee, key employee, creator or founder, substant	narcontributor, or 55%	0	22	
0		controlled entity or family member of any of these p		0	23	0
_	23	Secured mortgages and notes payable to unrelated	unita parties	U	44	

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Part X of Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33. Net assets without donor restrictions.

Net assets with donor restrictions.

and complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete

24

26

27

32

Net Assets or Fund Balances

Form 990 (2022)

0

2,611

2,611

26,066

26,066

28,677

9,517

2,814

12.554

24

25

26

27

31

0 28

0 29

0 30

24,417

24,417

36.971

e or note to any line in this Part XI	XI Reconciliation of Net Assets
12)	0. 1201 110
12)	Check if Schedule O contains a response
25) 2 16	
	Total expenses (must equal Part IX, column (A), line 2
3	
ust equal Part X, line 32, column (A))	
5	Net unrealized gains (losses) on investments
6	
	Prior period adjustments
nin on Schedule O)	Other changes in net assets or fund balances (explain
e lines 3 through 9 (must equal Part X, line 32	Net assets or fund halances at end of year. Combine
	column (B))
	XII Financial Statements and Reporting
se or note to any line in this Part XII .	Check if Schedule O contains a response
Yes	Officer if Contract C Contract C 1999
Cash X Accrual Other	Accounting method used to prepare the Form 990:
0007	If the organization changed its method of accounting
a none a prior your or orionada dantaria	Schedule O.
ed or reviewed by an independent accountant?	Were the organization's financial statements compile
financial statements for the year were compiled or	If "Yes," check a box below to indicate whether the fir
	reviewed on a separate basis, consolidated basis, or
Both consolidated and separate basis	
	Separate basis Consolidated basis
d by an independent accountant?	Were the organization's financial statements audited
inancial statements for the year were audited on a	If "Yes," check a box below to indicate whether the fir
	separate basis, consolidated basis, or both:
Both consolidated and separate basis	Separate basis Consolidated basis
a committee that assumes responsibility for oversight of	If "Yes" to line 2a or 2b, does the organization have a
ments and selection of an independent accountant?	the audit, review, or compilation of its financial staten
ess or selection process during the tax year, explain on	If the organization changed either its oversight proce
	Schedule O.
required to undergo an audit or audits as set forth in the	As a result of a federal award, was the organization_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
audit or audits? If the organization did not undergo the	If "Yes," did the organization undergo the required au
and describe any steps taken to undergo such audits	required audit or audits, explain why on Schedule O
Form 990	.()
	required addit of addits, explain why of our addition

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

27-0832549 Girls on the Run South Louisiana Reason for Public Charity Status. (All organizations must complete this part.) See instructions organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. 0 Enter the number of supported organizations . f Provide the following information about the supported organization(s). g (v) Amount of monetary (vi) Amount of (iii) Type of organization (iv) is the organization (i) Name of supported organization other support (see support (see (rtescribed on lines 1-10 listed in your governing instructions) document? instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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	tion 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.")	68,492	87,623	68,205	66,181	72,342	362,843
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	120,304	126,776	57,193	47,445	93,645	445,363
3	The value of services or facilities furnished by a governmental unit to the organization without charge				1	9	0
4	Total. Add lines 1 through 3	188,796	214,399	125,398	413,626	165,987	808,206
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)			^	0,		
6	Public support. Subtract line 5 from line 4				1		808,206
	tion B. Total Support						000,200
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 (l)	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	188,796	214,399	125,398	113,626	165,987	808,206
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	100,100	1	11.	710,000	100,000	000,200
	similar sources		X				0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4	()				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<	1				0
11	Total support. Add lines 7 through 10						808,206
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	K		fifth tax year as a			
Sec	tion C. Computation of Public Sup		-				
14	Public support percentage for 2022 (line 6, co					14	0.00%
	Public support percentage from 2021 Schede				A	15	100.00%
	33 1/3% support test—2022 of the organization gual test as	a publicly supporte	ed organization				
b	33 1/3% support test—2021. If the organization and stop here. The organization qualifies						
17a	10%-facts-and-circumstances test—2022. 10% or more, and if the organization meets the Part VI how the organization meets the facts-organization.	ne facts-and-circum and-circumstances	stances test, check test. The organiza	k this box and sto tion qualifies as a	p here. Explain in publicly supported		
b	10%-facts-and-circumstances test—2021. 15 is 10% or more, and if the organization me in Part VI how the organization meets the factorganization.	ets the facts-and-c ts-and-circumstand	ircumstances test, ses test. The organi	check this box an zation qualifies as	d stop here. Expla a publicly support	sin ed	
18							
	instructions						

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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	tion A. Public Support				(N 2004 T	(-) 0000	/D Total
Caler	dar 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.")	68,492	87,623	68,205	66,181	72,342	362,843
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	120,304	126,776	57,193	47,445	93,645	445,363
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	,7	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge				\bigcirc		0
6	Total. Add lines 1 through 5	188,796	214,399	125,398	113,626	165,987	808,206
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000			0			0
	or 1% of the amount on line 13 for the year	0	* 0	0	0	0	0
8	Public support (Subtract line 7c from		/,				808,206
Sec	tine 6.)		-				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	188,796	214,399	125,398	113,626	165,987	808,206
10a							
0235	payments received on securities loans, rents, reyalties, and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0					0
c	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	N.					0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 14, and 12.)	188,796	214,399	125,398	113,626	165,987	808,206
14		anization's first, sec	and, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
Se	ction C. Computation of Public Su						
15	Public support percentage for 2022 (line 8,	column (f), divided t	y line 13, column (f))		15	100.00%
16	Public support percentage from 2021 Scheo	dule A, Part III, line 1	15			16	100.00%
Se	ction D. Computation of Investme					47	0.000
17	Investment income percentage for 2022 (lin	e 10c, column (f), di	ivided by line 13, o	olumn (f))		17	0.00%
18	Investment income percentage from 2021 S	schedule A, Part III,	line 17			18	0.00%
	33 1/3% support tests—2022. If the organ not more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the organ	stop here. The organization did not chec	anization qualifies ik a box on line 14	as a publicly suppo or line 19a, and line	orted organization . e 16 is more than 3	33 1/3%, and	<u>x</u>
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publ	icty supported orga	anization	::::::::::::::::::::::::::::::::::::::
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		

27-0832549

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.)

On A. All Supporting Organizations		Yes	No
Are all of the organization's supported organizations listed by name in the organization's governing			
documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	1		
under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
organization was described in section 509(a)(1) or (2).	2		
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	31.3	100	
lines 3b and 3c below.	3a		_
Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	200		
	-		100
organization made the determination.	3b		
Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			400
(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
	1000	-	
	4a		-
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			17
supported organization? If "Yes," describe in Part VI now the organization had such control and discretion	4h	100000	100
despite being controlled or supervised by or in connection with its supported organizations.	40		
Did the organization support any foreign supported organization that does not have an into determination		1	1
under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part of what composition used or engine and a composition was about a composition was a composition was a composition was a composition was a composition or composition was a composition was a composition or composition or composition was a composition or compos	1		
	4c		
	46		
answer lines 5h and 5c holow (if annicable). Also provide detail in Part VI. including (i) the names and EIN			
numbers of the supported amenizations added, substituted, or removed (iii) the reasons for each such action:			
fiii) the authority under the organization's organization document authorizing such action: and (iv) how the action		100	
	5a		
	5b		
Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	17.00		
anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	6.06		
by one or more of its supported organizations, or (iii) other supporting organizations that also support or	3-3		
benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		_
Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1000		
(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	-		
with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	_	_
	1000	100000	100
	8	-	-
Was the organization controlled directly or indirectly at any time during the tax year by one or more	338		
	-		
described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	10000	100
	00	-	200
the supporting organization had an interest? If "Yes," provide detail in Part VI.	90		
Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	0.0		1
from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
Was the organization subject to the excess business holdings rules of section 4943 because of section		-	-
	102		
	102		
Did the organization have any excess business holdings in the tax year? (Use Schedule C, Point 4720, 10	10b		
	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," ainswer lines 3b and 3c below. 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 whiten and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization)? If "Yes," and if you checked box 12 or 12b in Part I, answer lines 4b and 4c below. 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 final such appropriated organization of espite being controlled or supervised by or in connection with its supported organizations. 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 organizations was used exclusively for section 170(c)(2)(8) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 50 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 organization part of a class already designa	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, cryplain. 1 Did the organization have an 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 surported organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3b below. 2 Did the organization have a supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 500(a)(2)? If "Yes," describe in Part VI promand tow the organization and the determination. Did the organization neave that all support to such organizations was used exclusively for section 170(c)(2) (8) purposes? If "Yes," explain in Part VI what controls the organization provide organization and suspended organization and discretion in dedicing whether to make grant and one where the despite being controlled or supervised by or in connection with its supported organization used to ensure that all support to the foreign supported organization that discretion in designation and substitute, or remove any supported organization stating 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, substitution, only. Was the substitution the resulting an event beyond the organizations that also support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations organizations was accomplished (such as by amendment to the organization provide detail in Part VI. Did the organization provide support (whether in the form of grants or the provision	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization may a react an IRS determination of status under section 500(a)(1) or (2)? If "Yos," explain in Part VI who the organization determined that the supported organization as described in section 509(a)(1) or (2). Did the organization nave a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," disserted the public support tests under section 500(a)(2)? If "Yes," describe in Part VI who the organization and the determination. Did the organization ensure that all support to such organization sused exclusively for section 170(c)(2) (8) purposes? If "Yes," explain in Part VI what controls the organization principle organization and the determination. Did the organization nave ultimate control and discretion in deciding whether to make parts to the foreign supported organization have ultimate control and discretion in deciding whether to make parts to the foreign supported organization what it is supported organization and surport and discretion under sections 501(c)(3) and 506(q)(1) or (2)? If "Yes," explain in Part VI whow the organization provide organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 50 and 5c below (if applicable). Also, provide detail in Part VI, in the organization provide a upport of the organization of the organization organization and the organization support or separation organization organization provide a sport (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its su

Part I	V Supporting Organizations (continued)		2.0	
-038Z E			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1913		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-	25.5	3.75
	11c below, the governing body of a supported organization?	113		-
b	A family member of a person described on line 11a above?	11b	0.000	100000
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
0 4	detail in Part VI.	110		
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	140
	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		100	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	-	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		115	
- 12	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		2000	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		- V	Thi-
49.0			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			- 0
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		1	
~	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		100	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	15).	
a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity of	see instruc	tions)	
	Activities Test. Answer lines 2a and 2b below.			No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	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		183	-
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		1	
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		133	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	1	100	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1	1
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	100	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	-	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported proprietations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	nization:	s must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	4	
7 Other expenses (see instructions)	7	0)1	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
 Aggregate fair market value of all non-exempt-use assets (see 			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A line 8, column A)	1		0
2 Enter 0.85 of line 1,	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0

Schedule A (Form 990) 2022

Section	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part VI	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		4.7	(
8	Distributions to attentive supported organizations to which t	the organization is respon	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	0.000
	Section 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			0
2	Underdistributions, if any, for years prior to 2022	4		
	(reasonable cause required-explain in Part VI). See			
UCH -	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017	1 10 10		
b	From 2018	800		
С	From 2019	4 6		
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years		0	
b	Applied to 2022 distributable amount			
c	Remainder, Subtract lines 4a and 4b from tine 4	.0		
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.		0	
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.	c		
8	Breakdown of line /			
a	EXCOSO HOLLES TO LANGE	0		
b	Excess from 2019	0		
С	Existed from Edito .	0		
d	Excess from 2021	0		
e	Excess from 2022	0		

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.)

	A
	/_,_`
	X
	•.()
	X
	C ?

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

27-0832549 Girls on the Run South Louisiana Organization type (check one): Filers of: Section: 3) (enter number) organization Form 990 or 990-EZ 501(c)(4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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) filling 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 601(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 explusively 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 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).

Name of organization Girls on the Run South Louisiana Employer identification number 27-0832549

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Girls on the Run International P.O. BOx 30667 PMB 65493 Charlotte NC 28230 Foreign State or Province: Foreign Country:	\$ 9,517	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Capital Area United Way 700 Laurel St. Baton Rouge LA 70802 Foreign State or Province: Foreign Country:	s 2,080	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
3	Baton Rouge Alliance for Students 342 Lafayette St Suite B Baton Rouge LA 70801 Foreign State or Province: Foreign Country:	S 5,000	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
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Girls on the Run South Louisiana Employer identification number 27-0832549

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

lame of orga	anization Run South Louisiana		Employer identification number 27-0832549
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ear from any one contributor. Comp ompleting Part III, enter the total of e . (Enter this information once. See in	plete columns (a) through (e) and xclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address, and 2	(e) Transfer of gift	nahip of transferor to transferee
	For Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	For Prov. Country	ZIP+4 Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	nship of transferor to transferee
	For Prov. Country	ZIP+4 Relatio	iisiip oi ualisieroi to ualisieree
(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 Relatio	onship of transferor to transferee
	For Prov. Country		

Part	III Organizations Maintaining Collect	tions of Art, Histor	ical Treasures, or C	ther Similar Assets	(continued)
3	Using the organization's acquisition, accession	n, and other records, c	heck any of the following	ig that make significant	use of its
	collection items (check all that apply):				
a	Public exhibition	d 📙	Loan or exchange pro	gram	
b	Scholarly research	e	Other		
c	Preservation for future generations				
4	Provide a description of the organization's coll XIII.	lections and explain ho	w they further the orga	nization's exempt purpo	se in Part
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of a be maintained as part	rt, historical treasures, of the organization's co	or other similar ollection?	Yes No
Part	Escrow and Custodial Arrangeme Complete if the organization answer 990, Part X, line 21.	nts. red "Yes" on Form 9	90, Part IV, line 9, or	reported an amount	on Form
1a	Is the organization an agent, trustee, custodia included on Form 990. Part X?		y for contributions or oth	ner assets not	Yes No
b	If "Yes," explain the arrangement in Part XIII a		ving table:	1	
17					Amount
c	Beginning balance			1c	0
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	l, for escrow or custedia	al account liability?	Yes X No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	anation has been provid	ded on Part XIII	
Part		4	111		
-	Complete if the organization answer	red "Yes" on Form 9	90, Part IV, line 10.		
-		current year (b) Pag	year (c) Two years	back (d) Three years back	(e) Four years back
1a	Beginning of year balance	0	0	0	0 0
b	Contributions				
c	Net investment earnings, gains,	A COL			
	and losses	. ()			
d	Grants or scholarships				
0	Other expenditures for facilities	0			
	and programs	40			
f	Administrative expenses				
g	End of year balance	0	0		0 0
2	Provide the estimated percentage of the curre		line 1g, column (a)) hel	d as:	
a	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
C	Term endowment				
2000	The percentages on lines 2a, 2b, and 2c sho		a that are held and ad-	minimtered for the	
3a	Are there endowment funds not in the posses	ssion of the organization	on that are neid and adi	ninistered for the	Yes No
	organization by:				3a(i)
	(i) Unrelated organizations			record according	3a(ii)
	(ii) Related organizations	Hope Ested on require			3b
D	Describe in Part XIII the intended uses of the				-
Par	tVI Land, Buildings, and Equipment. Complete if the organization answe			See Form 990. Par	t X. line 10.
		(a) Cost or other basis	(b) Cost or other basis	(e) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	
1a	Land	0	0		0
b	Buildings	0		0	0
C	Leasehold improvements	0		0	C
d	Equipment	0		7,764	0
e	Other	0		0	0
Total	Add lines to through to (Column (d) must a	qual Form 990, Part X	column (B) line 10c.)		0

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(a) Description of security or category	(b) Book value	(e) Method of valuation: Cost or end-of-year market value
(including name of security)	0	Cost or end-or-year market value
Financial derivatives	0	
3) Other	V	
(A)		
(8)		
(C)		
(D)		
(E)		
(F)		101
(G)		
(H)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	0	
Part VIII Investments—Program Related.		
	d "Yes" on Form 990, Part IV	, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(e) Method of valuation:
(A)		Cost or end-of-year market value
(1)		
(2)		<i></i>
(3)		1
(4)		, , , , , , , , , , , , , , , , , , , ,
(5)	1	
(6)	100	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	
Part IX Other Assets. Complete if the organization answere	Pa .	, line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answere	Pa .	/, line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answere (a) De	d "Yes" on Form 990, Part IV	
Part IX Other Assets. Complete if the organization answere (a) De	d "Yes" on Form 990, Part IV	
Complete if the organization answere (a) De (1)	d "Yes" on Form 990, Part IV	
Complete if the organization answere (a) De (1) (2) (3)	d "Yes" on Form 990, Part IV	
Complete if the organization answere (a) De (1) (2) (3) (4) (5)	d "Yes" on Form 990, Part IV	
Complete if the organization answere (a) De (1) (2) (3) (4) (5)	d "Yes" on Form 990, Part IV	
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6)	d "Yes" on Form 990, Part IV	
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7)	d "Yes" on Form 990, Part IV	
Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	d "Yes" on Form 990, Part IV scripton	
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (6)	d "Yes" on Form 990, Part IV scripton	
Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere	d "Yes" on Form 990, Part IV scription	
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 980, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990, Part IV	(b) Book value (iii) Book value (iii) Book value
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. (a) Des	d "Yes" on Form 990, Part IV scription	(b) Book value
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 980, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. (a) Des (b) Federal income taxes	d "Yes" on Form 990, Part IV	(b) Book value /, line 11e or 11f. See Form 990, Part X,
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 980, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. (a) Des (1) Federal income taxes (2) Payroll Taxes Payable	d "Yes" on Form 990, Part IV	(b) Book value /, line 11e or 11f. See Form 990, Part X,
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. (1) Federal income taxes (2) Payroll Taxes Payable (3)	d "Yes" on Form 990, Part IV	(b) Book value /, line 11e or 11f. See Form 990, Part X,
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Des (1) Federal income taxes (2) Payroll Taxes Payable (3) (4)	d "Yes" on Form 990, Part IV	(b) Book value /, line 11e or 11f. See Form 990, Part X,
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (E) Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Des (1) Federal income taxes (2) Payroll Taxes Payable (3) (4) (5)	d "Yes" on Form 990, Part IV	(b) Book value /, line 11e or 11f. See Form 990, Part X,
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 980, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. (1) Federal income taxes (2) Payroll Taxes Payable (3) (4) (5) (6)	d "Yes" on Form 990, Part IV	(b) Book value /, line 11e or 11f. See Form 990, Part X,
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Des (1) Federal income taxes (2) Payroll Taxes Payable (3) (4) (5) (6) (7)	d "Yes" on Form 990, Part IV	(b) Book value (iii) Book value (iii) Book value
Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 980, Part X, col. (6) Part X Other Liabilities. Complete if the organization answere line 25. 1. (a) Des (1) Federal income taxes (2) Payroll Taxes Payable (3) (4) (5) (6)	d "Yes" on Form 990, Part IV	(b) Book value /, line 11e or 11f. See Form 990, Part X,

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1,474	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	100	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	44c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lifte 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		12
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		^
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
2; Pe	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.	
	. (6)		

Schedule D (Form 990) 202	2 Girls on the Run South Louisiana	27-0832549	Page 5
Part XIII Supple	mental Information (continued)		
out the		100	
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	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	events with gross receipts	(a) Event#1	(b) Event #2	(c) Other events	(d) Total events
		(a) Cramer	(4)		(add col. (a) through
		(event type)	(swent type)	(total number)	col. (e))
Revenue	1 Gross receipts			0	0
	1 Gross receipts				
ᅵ	2 Less: Contributions				0
	3 Gross income (line 1 minus line 2)				0
\neg	600016000160000000000000000000000000000				
	4 Cash prizes				0
	5 Noncash prizes			1	0
88	6 Rent/facility costs			()	0
Sens	6 Rent/facility costs				
ŭ	7 Food and beverages		A		0
Direct Expenses	8 Entertainment				0
٥				7)	
	9 Other direct expenses				0
	10 Direct expense summary. Add li	nes 4 through 9 in co	olumn (d)	0.00000000	(0)
_	11 Net income summary. Subtract rt III Gaming. Complete if the	line 10 from line 3, co	olumn (d)	Doct IV line 10 or r	onorted more than
P	rt III Gaming. Complete if the \$15,000 on Form 990-EZ		veren res un roilli 350	, Partiv, line 15, or i	eported more triali
9	0.10,000.00.1.00.1.00.00.00	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
듄					
5		-	binga gragressive bingo	200200000000000000000000000000000000000	col. (a) through col. (c))
Revenue	1 Gross revenue	. (angusprogressive ungo		col. (a) through col. (c))
		. (Dingotprogressive dargo		0
	1 Gross revenue		Dingogragiessive diego		0
			Dingographessive birgo		0
Expenses	2 Cash prizes	20.	angogragiessive dargo		0
	2 Cash prizes	20,0	Dingotyrogiessve birgo		0
Expenses	2 Cash prizes			T Voo W.	0
Expenses	2 Cash prizes	Yes %	Yes %	Yes %	0
Expenses	2 Cash prizes	Yes %		Yes %	0
Expenses	2 Cash prizes	No	Yes %	☐ No	0
Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add file	No ines 2 through 5 in co	Yes % No	No	0
Expenses	2 Cash prizes	No ines 2 through 5 in co Subtract line 7 from lin	Yes % No plumn (d)	No	0
Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add file 8 Net gaming income summary S Enter the state(s) in which the organize	No ines 2 through 5 in co Subtract line 7 from lin anization conducts ga	Yes % No Dlumn (d)	No	0 0 0
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add file 8 Net gaming income summary S Enter the state(s) in which the organization licensed to cond	No ines 2 through 5 in co Subtract line 7 from lin anization conducts ga	Yes % No Dlumn (d)	No	0

edule G /	Form 990) 2022 Girls on the Run South Louisiana	27-0832549 Pag
	s the organization conduct gaming activities with nonmembers?	Yes N
Is th	e organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	Yes N
	ned to administer charitable gaming?	
Indi	cate the percentage of gaming activity conducted in: organization's facility	13a
	organization's facility	13b
An Ent	outside facility. If the name and address of the person who prepares the organization's gaming/special events books a	
	ords:	
Na	ne	
Add	ress	4
	s the organization have a contract with a third party from whom the organization receives gaming	
	enue?	Yes N
	es," enter the amount of gaming revenue received by the organization \$ 0 and the bunt of gaming revenue retained by the third party \$ 0	Ī
c If "	es," enter name and address of the third party:	
Na	ne	
Ad	Iress	
Ga	ming manager information:	
Na	ne	
Ga	ming manager compensation \$ 0	
De	scription of services provided	
	Director/officer Employee Independent contractor	
Ma		
n le i	ndatory distributions: he organization required under state law to make charitable distributions from the gaming proceeds to	
	ain the state gaming license?	Yes Yes
b En	er the amount of distributions required under state law to be distributed to other exempt organizations	or
sp	ent in the propagization's own exempt activities during the tax year . \$	
irt IV	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	ns (iii) and (v); and al information.
	See instructions.	
	. (/)	

Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Girls on the Run South Louisiana

Employer identification number

27-0832549

Form 990, Part VI, Section B, Line 11b: The executive director provides a copy of the Form 990
to the Chairman of the Board and the Treasurer.
Form 990, Part VI, Section B, Line 12c: The organization's conflict of interest policy is
provided to each director, officer and staff memeber who is presently serving the organization
or may become associated with it. The policy and its application are reviewed annually for the
board of directors, officers and staff members, each of whom has a continuing responsibility
to scrutinize their transactions and outside business interest and relationships for potential
confilicts of interest and make such disclosures.
Form 990, Part VI, Section B, Line 15a: Executive Committee conducts annual performance
appraisal of the executive director and oversees changes in compensation. The compensation of
executive director is based on GOTR councils and published surveys. The data from these market
segments is used to form a market composite to assess competitiveness and fairness of
compensation paid. The formula also considers COLAV
d, Part VI, Section C, Line 19: Information is available through the organization's guidestart
profile.
Form 990, Part VI, Section B, Line 11b. The executive director provides a copy of the Form 990
to the Chairman of the Board and the Treasurer.
U

Schedule O (Form 990) 2022	Employer identification number
Name of the organization	27-0832549
Girls on the Run South Louisiana	2/40032348
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Y	***************************************