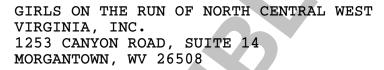
BAKER TILLY ADVISORY GROUP, LP PO BOX 908 BRIDGEPORT, WV 26330



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October 28, 2024

GIRLS ON THE RUN OF NORTH CENTRAL WEST VIRGINIA, INC.
1253 Canyon Road Suite 14
MORGANTOWN, WV 26508

GIRLS ON THE RUN OF NORTH CENTRAL WEST VIRGINIA, INC.:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990-EZ

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Baker Tilly Advisory Group, LP

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

June 30, 2023

Pre	рa	rec	۱F	or	:
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GIRLS ON THE RUN OF NORTH CENTRAL WEST VIRGINIA, INC. 1253 Canyon Road Suite 14 MORGANTOWN, WV 26508

Prepared By:

Baker Tilly Advisory Group, LP 600 Market Place Avenue, Suite 100 Bridgeport, WV 26330

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us as soon as possible

TAX RETURN FILING INSTRUCTIONS

CHANGE OF ADDRESS

FOR THE YEAR ENDING

June 30, 2023

Prepared For:	
	GIRLS ON THE RUN OF NORTH CENTRAL WEST VIRGINIA, INC. 1253 Canyon Road Suite 14 MORGANTOWN, WV 26508
Prepared By:	
	Baker Tilly Advisory Group, LP 600 Market Place Avenue, Suite 100 Bridgeport, WV 26330
Mail Tax Retur	n To:
	Not applicable
Return Must b	e Mailed On or Before:
	Not applicable

Form 8822-B is attached as a PDF and will be filed with the federal return.

Special Instructions:

Form **8879-TE**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

, 2022, and ending	JUN	30	, 20 2 3

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer GIRLS ON THE RUN OF NORTH CENTRAL WEST

EIN or SSN

VIRGINIA, INC.	47-1358262						
Name and title of officer or person subject to tax JOANNA MIZENER							
EXECUTIVE DIRECTOR							
Part I Type of Return and Return Information							
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on lin or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable I than one line in Part I.	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, line below. Do not complete more						
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)							
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b 124,844.						
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)							
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5)							
5a Form 8868 check here b Balance due (Form 8868, line 3c)							
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)							
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b						
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b						
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	9b						
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, lir	ne 22) 10b						
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax							
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax							
of entity) and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, the	that I have examined a copy of the						
of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic feentry to the financial institution account indicated in the tax preparation software for payment of the federal taxes ow financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic return and the consent to electronic return and the personal identification of the consent to electronic return and the consent to	ved on this return, and the al Agent at 1-888-353-4537 no of the processing of the electronic payment. I have selected a onic funds withdrawal.						
ERO firm name	Enter five numbers, but						
as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the							
IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.							
Signature of officer or person subject to tax **** THIS IS NOT A FILEABLE COPY **** Part III Certification and Authentication	Date						
ERO's EFIN/PIN. Enter your six-digit electronic filing identification							
number (EFIN) followed by your five-digit self-selected PIN. 55241024434 Do not enter all zeros							
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Au Business Returns.							
ERO's signature THEODORE A. LOPEZ Date 10/2	28/24						
ERO Must Retain This Form - See Instructions							

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Form **8822-B**(Rev. December 2019)
Department of the Treasury

Change of Address or Responsible Party - Business

▶ Please type or print.

▶ See instructions.▶ Do not attach this form to your return.▶ Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Internal Revenue Service	➤ Go to www.ii	rs.gov/Form8822B for the latest information.		
Before you begin: If you	u are also changing your home addre	ss, use Form 8822 to report that change.		
If you are a tax-exempt of	organization (see instructions), check	here X		
Check all boxes this cha	ange affects.			
1 X Employment,	excise, income, and other business	returns (Forms 720, 940, 941, 990, 1041, 1065,	1120, etc.)	
2 Employee pla	an returns (Forms 5500, 5500-EZ, etc	.)		
3 Business loca	ation			
4a Business name GIRLS ON THE VIRGINIA, IN	RUN OF NORTH CENTE	RAL WEST		er identification number
	ess (no., street, room or suite no., city or town, s	tate, and ZIP code). If a P.O. box, see instructions. If foreign address ${ m WV} - 2$		
Foreign country na	ame	Foreign province/county	Forei	gn postal code
6 New mailing addr 1253 CANYON I MORGANTOWN Foreign country na	ROAD	state, and ZIP code). If a P.O. box, see instructions. If foreign add	6508	spaces below, see instructions. SUITE 14 gn postal code
7 New business loc	cation (no., street, room or suite no., city or tow	n, state, and ZIP code). If a foreign address, also complete spaces	below, see instruct	ions.
Foreign country na	ame	Foreign province/county	Forei	gn postal code
8 New responsible	party's name		'	
9 New responsible	party's SSN, ITIN, or EIN. (CAUTION	I: YOU MUST REFER TO THE INSTRUCTIONS FOR FOF	RM SS-4 TO SEE	WHO MAY USE AN EIN.)
10 Signature. Under p	penalties of perjury, I declare that I have e	xamined this application, and to the best of my knowled	dge and belief, it	is true, correct, and complete.
Daytime telephone	e number of person to contact (optio	nal) >		
Sign Signature of C	owner, officer, or representative			Date
Here				

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

Form **8822-B** (Rev. 12-2019)

** PUBLIC DISCLOSURE COPY ** Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

		ne 2022 calendar year, or tax year beginning JUI	. 1	, 2022	, and ending	<u>JUN 30</u>	0, 2023
В	Check if applicat	if C Name of organization				D Employer	identification number
	Addr	dress change GIRLS ON THE RUN OF NOR	TH CENTRAL V	VEST			
	Nam	ne change VIRGINIA, INC.				47-1	.358262
	Initia	Number and street (or P.O. box if mail is not delivered	d to street address)		1	E Telephon	e number
	Final termi	al return/ ninated 1253 CANYON ROAD			SUITE	304-	685-4140
	Ame	ended return City or town, state or province, country, and ZIP or fo	reign postal code			F Group Ex	emption
	Applic	ication pending MORGANTOWN, WV 26508				Number	6150
G	Accour	ınting Method: X Cash Accrual Other (specif	y)			H Check	if the organization is
I	Websi	ite: WWW.GOTRNCWV.ORG				not requi	red to attach Schedule B
<u>J</u>	Tax-ex	exempt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () (insert no.)	4947(a)(1) or 527	(Form 99	0).
K	Form c	of organization: X Corporation Trust	Association 0	ther			
L	Add lin	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross r	eceipts are \$200,000 or n	nore, or if tot	al assets (Part I	l,	
	columi	nn (B)) are \$500,000 or more, file Form 990 instead of Form 990-E	Z				125,913.
P	art I	nn (B)) are \$500,000 or more, file Form 990 instead of Form 990-E Revenue, Expenses, and Changes in Net	Assets or Fund B	alances	(see the instru	ictions for Pa	art I)
		Check if the organization used Schedule O to respond to any	question in this Part I				X
	1	Contributions, gifts, grants, and similar amounts received				1	38,300.
	2	Program service revenue including government fees and contra	cts			2	86,075.
	3	Membership dues and assessments				3	
	4	Investment income					
	5a	Gross amount from sale of assets other than inventory		5a			
	b	Less: cost or other basis and sales expenses		5b			
	С	Gain or (loss) from sale of assets other than inventory (subtract	line 5b from line 5a)	.,		5c	
	6	Gaming and fundraising events:					
Φ	a	Gross income from gaming (attach Schedule G if greater than					
Revenue		\$15,000)		6a			
ě	b			of contributio	ns		
Œ		from fundraising events reported on line 1) (attach Schedule G	f the sum of such				
		gross income and contributions exceeds \$15,000)		6b			
	С	Less: direct expenses from gaming and fundraising events		6c			
	d	Net income or (loss) from gaming and fundraising events (add	ines 6a and 6b and subtra	act line 6c)		6d	
	7a	··········		7a	1,5	38.	
	b	Less: cost of goods sold SEE SCHE	DULE O	7b	1,0	69.	
	С	Gross profit or (loss) from sales of inventory (subtract line 7b f	rom line 7a)			7c	469.
	8	Other revenue (describe in Schedule 0)				8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					124,844.
	10	Grants and similar amounts paid (list in Schedule 0)					
	11	Benefits paid to or for members				11	
S	12						59,308.
Expenses	13	Professional fees and other payments to independent contracto					10,275.
xpe	14	Occupancy, rent, utilities, and maintenance				14	13,606.
Ш	15	Printing, publications, postage, and shipping				15	
	16		SEE			16	41,496.
	17					17	124,685.
w	18	Excess or (deficit) for the year (subtract line 17 from line 9)				18	159.
set	19	Net assets or fund balances at beginning of year (from line 27, o	, ,,				
As	1	(must agree with end-of-year figure reported on prior year's ret	urn)			19	68,409.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedu	ıle O)			20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 th	rough 20			21	68,568.
LH.	A For	or Paperwork Reduction Act Notice, see the separate instructions	3.				Form 990-EZ (2022)

232171 12-16-22

Form 990-EZ (2022)

17TD	GIN	TΔ	TNC
$\Lambda T U$	CILIN	TV.	TIMC.

P	art II Balance Sheets (see the instructions for Part II						
	Check if the organization used Schedule O to re	<u> </u>					X
		(,	A) Beginning of year	<u> </u>	(B) E	nd of yea	
22	2 Cash, savings, and investments		68,404	22		68,	163.
23				23			
24		0	1,148				905.
25			69,552			70,	068.
26	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0	1,143			1,	500.
27		1)	68,409	27		68,	568.
Pa	art III Statement of Program Service Accomplishme	`	,			penses	
	Check if the organization used Schedule O to re		in this Part III			for section and 501(d	
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	0				ons; optio	
	cribe the organization's program service accomplishments for each of its three largest program		In a clear and concise	otl	ners.)		
	nner, describe the services provided, the number of persons benefited, and other relevant infor	mation for each program title.			ı		
28	SEE SCHEDULE O			<u> </u>			
				<u> </u>			
				<u>—</u>			- o =
	(Grants \$) If this amount includes foreig	n grants, check here		28	1	124,	<u>685.</u>
29				<u> </u>			
				<u> </u>			
				<u>—</u>			
	(Grants \$) If this amount includes foreig	n grants, check here		29	1		
30				<u> </u>			
				<u> </u>			
				<u>—</u>			
	(Grants \$) If this amount includes foreig	n grants, check here		30a	1		
31							
	(Grants \$) If this amount includes foreig	n grants, check here		31a		101	
32	Total program service expenses (add lines 28a through 31a)			32		124,	685.
	LINE Liet of Officers Divertors Tructors and Vov	Employees					
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees (list each one e	even if not compensated - s	ee the instru	ictions fo	Part IV)	
Pa	art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	Employees (list each one espond to any question	in this Part IV	ee the instru		 Г	
Pa	Check if the organization used Schedule O to re	Employees (list each one espond to any question (b) Average hours	even if not compensated - s in this Part IV (c) Reportable compensation (Forms	ee the instru (d) Health contributi	benefits,	(e) Est	
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees (list each one espond to any question	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health contribution employee plans, and	benefits, ons to benefit deferred	 Г	of other
	Check if the organization used Schedule O to re (a) Name and title	espond to any question (b) Average hours per week devoted to	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health contribution	benefits, ons to benefit deferred	(e) Est amount	of other
ВА	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER	espond to any question (b) Average hours per week devoted to position	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health contribution employee plans, and	benefits, ons to benefit deferred sation	(e) Est amount	of other nsation
BA DI	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR	espond to any question (b) Average hours per week devoted to	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health contribution employee plans, and	benefits, ons to benefit deferred	(e) Est amount	of other
BA DI JI	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS	Employees (list each one expond to any question (b) Average hours per week devoted to position 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health contribution employee plans, and	penefits, ons to benefit deferred sation	(e) Est amount	of other nsation
BA DI JI	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER)	espond to any question (b) Average hours per week devoted to position	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health contribution employee plans, and	benefits, ons to benefit deferred sation	(e) Est amount	of other nsation
BA DI JI DI BA	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Health contribution employee plans, and	penefits, ons to benefit deferred sation	(e) Est amount	of other resation O .
BA DI DI BA	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER)	Employees (list each one expond to any question (b) Average hours per week devoted to position 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health contribution employee plans, and	penefits, ons to benefit deferred sation	(e) Est amount	of other nsation
BA DI JI DI BA DI AR	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0.	(d) Health contribution employee plans, and	openefits, ons to benefit deferred sation	(e) Est amount	of other resation O . O .
BA DI JI BA DI AR	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Health contribution employee plans, and	penefits, ons to benefit deferred sation	(e) Est amount	of other resation O .
BA DI JI BA DI AR	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Health contribution employee plans, and	Deenefits, ons to benefit deferred sation	(e) Est amount	of other neation O. O.
BA DI JI BA DI AR DI MA	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0.	(d) Health contribution employee plans, and	openefits, ons to benefit deferred sation	(e) Est amount	of other resation O . O .
BA DI DI BA DI AR DI MA	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR EATHER TALLMAN	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Health contribution employee plans, and	Deenefits, ons to benefit deferred sation 0. 0.	(e) Est amount	of other resation O. O. O.
BA DI JI BA DI AR DI MA DI HE	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR EATHER TALLMAN IRECTOR	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Health contribution employee plans, and	Deenefits, ons to benefit deferred sation	(e) Est amount	of other resation O. O.
BA DI JI BA DI AR DI HE DI JU	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR EATHER TALLMAN IRECTOR JLIE MILLS	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health contribution employee plans, and	Denefits, ons to benefit deferred sation O. O. O.	(e) Est amount	of other resation O. O. O. O.
BA DI JI DI AR DI MA DI HE DI JU BC	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR EATHER TALLMAN IRECTOR JLIE MILLS DARD CHAIR	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Health contribution employee plans, and	Deenefits, ons to benefit deferred sation 0. 0.	(e) Est amount	of other resation O. O. O.
BA DI DI BA DI MA DI HE DI JU BC KA	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER RECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR EATHER TALLMAN IRECTOR JLIE MILLS DARD CHAIR AYLI KOSTEN	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 5.00	oven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health contribution employee plans, and	Denefits, ons to benefit deferred sation O. O. O. O.	(e) Est amount	0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·
BA DI BA DI AR DI HE DI JU BC KA	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR EATHER TALLMAN IRECTOR JLIE MILLS DARD CHAIR AYLI KOSTEN REASURER	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00	even if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health contribution employee plans, and	Denefits, ons to benefit deferred sation O. O. O.	(e) Est amount	of other resation O. O. O. O.
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BAR DI BAR DI BER DI BE	Check if the organization used Schedule O to re (a) Name and title AILEE MILLER IRECTOR IM CUMMINGS IRECTOR (PAST MEMBER) ARBARA TUCKER IRECTOR (PAST MEMBER) RYANNA ISLAM IRECTOR ARJORIE ROSMARIN IRECTOR EATHER TALLMAN IRECTOR JLIE MILLS DARD CHAIR AYLI KOSTEN REASURER DINNA BORGSTROM DARD CHAIR (PAST MEMBER) OOKER WALTON III ICE CHAIR DANNA MIZENER	Employees (list each one espond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 5.00 5.00 5.00	oven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Health contribution employee plans, and	Denefits, ons to benefit deferred sation O. O. O. O. O. O.	(e) Est amount	0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·

VIRGINIA, INC. Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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Page 3

No. 3 Did the organization engage in any significant activity not previously reported to the IRSP II Yes, 'provide a detailed description of each activity in Schedule 0 3 X 3 X 3 X 4 Wera any significant changes made to the organization organization organization and the complexity in Schedule 0 3 In If the organization have unrelated business prose in some of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 3 If Yes 10 line 2s, 6s, and 7s, among others)? 3 If Yes 10 line 2s, 6s, and 7s, among others)? 3 If Yes 10 line 2s, 6s, and 7s, among others)? 3 If Yes 10 line 2s, 6s, and 7s, among others)? 3 If Yes 10 line 2s, 6s, and 7s, among others)? 4 If Yes 10 line 2s, 6s, and 7s, among others)? 5 If Yes 10 line 2s, 6s, and 7s, among others)? 5 If Yes 10 line 2s, 6s, and 7s, among others)? 6 If Yes 10 line 2s, 6s, and 7s, among others)? 6 If Yes 10 line 2s, 6s, and 7s, among others)? 7 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 8 If Yes 10 line 2s, 6s, and 7s, among others)? 9 If Yes 2s, organization state 2s, and 2s,		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
activity in Schedule C 4 Were any significant changes made to the organization or governing documents? If Yes, 'attach a conformed copy of the amended documents if they reflect a change to the organization's rame. Otherwise, explain the change on Schedule C). See instructions 3 b If the organization have endelated business gross income of \$1,000 or more during the year from business activities (such as those reported on time 2, 6a, and 72, among offered, \$5.00 or more during the year from business activities (such as those reported on time 2, 6a, and 72, among offered, \$5.00 or more during the year from business activities (such as those reported on time 2, 6a, and 72, among offered, \$5.00 or more during the year from business activities (such as those reported on time 2, 6a, and 72, among offered, \$5.00 or more during the year from business activities (such as those reported on time 2, 6a, and 72, and 73, and 74, and 74, 50 or \$1, 50 or \$1				Yes	No
34 Were any significant changes made in the organization among the extension of the concernent of the prefet of change to the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 If If Yes's to lines 2, 6a, and 7a, among others? 36 If If Yes's to lines 3, lines the organization lines are considered to the prefet of the prefet of the organization and the organization undergo a liquidation, dissolution, (57,6), or 507(6)6 organization subject to section 603(6)4 incides, reporting, and proxy tax requirements simple by year? If Yes, complete Standalot, C, Part III and expenditure of political expenditures, direct or indirect, as described in the instructions 37 a for among the prefet of political expenditures, direct or indirect, as described in the instructions 37 a for among the political expenditures, direct or indirect, as described in the instructions 37 a for among the political expenditures, direct or indirect, as described in the instructions 37 a for among the political expenditures, direct or indirect, as described in the instructions 37 a for among the political expenditures, direct or indirect, as described in the instructions 37 a for among the political expenditures, direct or indirect, as described in the instructions 37 a for among the politic expenditures, direct or indirect, as described in the instructions 37 a for among the politic expenditures, direct or indirect, as described in the instructions 37 a for among the politic expenditures, direct or indirect, as described in the instructions 37 a for among the politic expenditures, direct or indirect, as described in the instructions 38 b N/A	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
34		activity in Schedule 0	33		Х
documents if they reflect a change to the organization's name. Officerwise, explain the change on Schedule O. See instructions 5	34				
35a Dit the organization Review unrelated husiness gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 72, among others?)			34		Х
on lines 2, 6a, and 7a, among others)? b If Yes's to land 3b, bas the organization field a form 990-T for the year? If Yia', provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or partication subject to section 6033(e) notice, reporting, and proxy tax reporting and	35 a		-		
b If Vest to line 35s, has the organization fleed a form 990-1 for the year? If Veg. provides an explanation in Schedule 0 c Visa the organization a section 501(c)4, 501(c)(c), or 501(c)(c)(c) or 501(c)(c)(c) or 501(c)(c)(c) or 501(c)(c)(c) or 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(000		35a		х
c Wise the organization a section 501(c)(4), 60 fol(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule (C, Part III	h	If "Ves" to line 35a, has the organization filed a Form 990-T for the year? If "No " provide an explanation in Schedule O		N/	
requirements during the year? If "Yes," complete Schedule C, Part III 50 Did the organization under go a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 51 Did the organization for Form 120-P0L for this year? 52 Did the organization file Form 120-P0L for this year? 53 Did the organization file Form 120-P0L for this year? 54 Did the organization file Form 120-P0L for this year? 55 Did the organization file Form 120-P0L for this year? 56 Did the organization file Form 120-P0L for this year? 57 Did the organization file Form 120-P0L for this year? 58 Did the organization file Form 120-P0L for this year? 58 Did the organization file Form 120-P0L for this year? 59 Section 501(c)(7) organizations git the end of the tax year covered by this return? 50 Did for some and captal combinations included on line 9 50 Gross receipts, included on line 9, for public use of club facilities 50 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any seating 4856 excess benefit transaction during the year under section 4911 O. ; section 4911 O. ; section 4912 O. section 4955 o. o. 50 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any seating 4856 excess benefit transaction during the year under sections. 4912 4955, and 4955 o. o. 50 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax on line 40c reimbursed organization managers or disqualified persons during the year under sections. 4912 4955, and 4955 o. o. o. 61 Active organization should be under the capture or the organization and stay to a prolimited tax shelter transaction? 192 400 500 500 500 500 500 500 500 500 500			000		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any of its prior Form 990 or 990-E2? If Yes, complete Schedule I, Part I is designed in the instruction in a prior year and still outstanding at the end of the tax year covered by this return? If the committed is the committed is the committed in the instruction is a prior year and still outstanding at the end of the tax year covered by this return?	·		250		x
as a first amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b 0. 37	26		330		- 25
27a Enter amount of political expenditures, direct or indirect, as described in the instructions	30		26		x
b Did the organization for Form 1120-POL for this year? 8 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 8 1	27.0		30		21
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still uitostanding at the end of the tax year covered by this return? 38b Did Yes, Compiles Schedule I, Part II, and enter the total amount involved 38c Did Yes, Compiles Schedule I, Part II, and enter the total amount involved 38c Did Yes, Compiles Schedule I, Part II, and enter the total amount involved 38c Did Yes, Compiles Schedule I, Part II, and enter the total amount involved 38c Did Yes, Compiles Schedule I, Part II, and enter the total amount involved II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of II of Yes, Compiles Schedule I, Part II of Yes, Compiles Schedule II of Yes, Compiles Schedule I, Part II of Yes, Compiles Schedule II of Yes, Compiles II of Yes, Compiles Schedule II of Yes, Compiles Schedule II of Yes, Compiles Schedule II of Yes, Compiles			076		v
in a prior year and still outstanding at the end of the tax year covered by this return? 38			3/0		Λ
b If Yes," complete Schedule L, Part II, and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Inflation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club racifilities 29 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 601(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 secses benefit transaction during the year, or did it engage in an excess benefit transaction of the organization manager or disqualified persons during they evar under: of the organization managers or disqualified persons during they evar under sections 491(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 491(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 888e-T 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 1. List the states with which a copy of this return is filled WV 2. Lipt 42 26508 2. Lipt 42 26508 2. Lipt 43 26508 2. Lipt 44 26508 3. Lipt 44 26508 3. Lipt 45 26508 3. Lipt 45 26508 3. Lipt 45	38 a		00.		v
Section 501(c)(7) organizations. Enter: a intation fees and capital contributions included on line 9 b Gross receipts, included on line 9 for public use of club facilities 399 N/A 39			38a		Λ
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, nor public use of club facilities 20 Section 501(c)(3) or positizations. Enter amount of tax imposed on the organization during the year under: section 4911 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess bentilt transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not gene reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled WV Telephone no. 2004 The organization shocks are in care of JOANNA MIZENER Located at 1253 CANYON ROAD, SUITE 14, MORGANTOWN, WV 21P+4 26508 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organiza					
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 coxess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not goen reported on any of its prior forms 990 or 990-EZ? If 1945; complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engage in any section 4955 coxess benefit transaction from 990 or 990-EZ if 1945; complete Schedule L, Part I d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and solve the organization of tax imposed on organizations. At any time during the tax year, was the organization a Party to a prohibited tax shelter transaction? If 1945; complete 1978 886-T d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a Party to a prohibited tax shelter transaction? If 1945, experiment is 1940 and					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911					
b Section 4911					
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZP (1 "Yes," complete Schedule L, Part I and 1 and	40 a				
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the first amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at 1253 CANYON ROAD, SUITE 14, MORGANTOWN, WV ZIP 4 26508 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year?					
of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and six of disqualified persons during the year under sections 4912, 4955, and 4958 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e	b				
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the organization o	C				
by the organization		organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T List the states with which a copy of this return is filed WV 42a The organization's books are in care of JOANNA MIZENER. Telephone no. Located at 1253 CANYON ROAD, SUITE 14, MORGANTOWN, WV Details accountly over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). Early 18 Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Early 18 Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Early 18 Yes, enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year All Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ Did the organization perate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? All If Yes to line 44c, has the organization filed a Form 720 to report these payments? If No, "provide an explanation in schedule 0 Alta of the organization have a controlled entity within the meaning of section 512(b)(13)? Bid the organization have a controlled entity within the meaning of section 512(b)(13)? Bid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, "Form 990 and Sched	d				
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FUIIII 990-E	ZZ (ZUZZ) VIRGINIA, INC.			4/-13364		Paye 4
				_	Y	es No
46 Did th	ne organization engage, directly or indirectly, in political campaign activit	ies on behalf of or in oppos	ition to candidates for pu	blic office?		
	s," complete Schedule C, Part I				46	X
Part VI						
	All section 501(c)(3) organizations must answer questions 47	, , , , , , , , , , , , , , , , , , ,				
	Check if the organization used Schedule O to respond to an	y question in this Part VI				<u>. </u>
				_	-	es No
	ne organization engage in lobbying activities or have a section 501(h) ele					
IT "Ye	s," complete Sch. C, Part II			·····	47	X
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," ne organization make any transfers to an exempt non-charitable related o				48 49a	X
	s," was the related organization a section 527 organization?				49b	
	plete this table for the organization's five highest compensated employee					ed more
-	\$100,000 of compensation from the organization. If there is none, enter '	•	iors, irusioos, and key on	ipioyoos) wilo cac	TTOCOIV	su more
	(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits,	(e) E	stimated
		per week devoted to	compensation (Forms W-2/1099-MISC/	contributions to employee benefit		nt of other
	NONE	position	1099-NEC)	plans, and deferred compensation	comp	ensation
		-				
. T.1.1	Ф400 000			<u> </u>		
	number of other employees paid over \$100,000		onived more than \$100.0	100 of companyativ	n from	tho
-	nization. If there is none, enter "None." NONE	ent contractors who each re	ceiveu more man 5 100,0	oo or compensant	лі II ОПІ	lile
	(a) Name and business address of each independent contractor		(b) Type of service	(c) C	ompensa	ation
	a) Name and Business address of saon maspendent contractor		(b) Typo of outvioo	(6) 5.	лпропос	1011
	number of other independent contractors each receiving over \$100,000					
	ne organization complete Schedule A? Note: All section 501(c)(3) organi			\ <u>\\\</u>	٦.,	
	leted Schedule A				Yes	No
•	ulties of perjury, I declare that I have examined this return, including acco		·		and be	liet, it is
true, correc	ct, and complete. Declaration of preparer (other than officer) is based on	all information of which pre	eparer nas any knowledge	3. 		
Sign	Signature of officer			Date		
Here	JOANNA MIZENER, EXECUTIVE DIR	ECTOR				
	Type or print name and title	LECTOR				
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Doid			self- emplo	yed		
Paid Prepare	THEODORE A. LOPEZ THEODORE	A. LOPEZ		P002	4785	50
Use On	Firm's name DAIGED MILLY ADVITODY C	•	Firm's EIN	22 22		
Joe Oil	Firm's address PO BOX 908	•	Phone no.		-547	
	BRIDGEPORT, WV 26330					
May the IR	S discuss this return with the preparer shown above? See instructions			X	Yes	No
				Г	rm 000	F7 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

GIRLS ON THE RUN OF NORTH CENTRAL WEST **Employer identification number** Name of the organization VIRGINIA INC. 47-1358262 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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, 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) 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 functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	•				•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	•				i01(c)(3)	
	organization, check this box and stor	p here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te				· ·		
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
							(Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase comp	icte i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(=, == : =	(2) = 2 · 2	(5) = 5 = 5	(,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	48,907.	31,171.	32,675.	35,909.	38,330.	186,992.
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	98,673.	73,674.				376,500.
2	Gross receipts from activities that	30,073.	73,074.	31,773.	04,707.	07,013.	370,300.
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	147,580.	104,845.	64,448.	120,676.	125,943.	563,492.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						563,492.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	147,580.	104,845.	64,448.	120,676.	125,943.	563,492.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	656.					656.
13	Total support. (Add lines 9, 10c, 11, and 12.)	148,236.	104,845.	64,448.	120,676.	125,943.	564,148.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
_							<u></u>
	ction C. Computation of Publi						00.00
	Public support percentage for 2022 (I			olumn (f))		15	99.88 %
	Public support percentage from 2021	·				16	99.89 %
	ction D. Computation of Inves			10!······ /^\		47	.00 %
	Investment income percentage for 20					17	
	Investment income percentage from 3			on line 14, and line		18 3 1/3% and line 17	% is not
198	a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar						T
k	33 1/3% support tests - 2021. If the	-		•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	hox on line 14 19	or 19h check th	is hox and see inst	ructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0.0		
	9с		
	10a		
	10b		
lule	A (Forn	n 990)	2022

	GIRLS ON THE RUN OF NORTH CENTRAL WEST			
Sche	dule A (Form 990) 2022 VIRGINIA, INC.	47-13582	62 P	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
·	detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations			l
	tion of Type I capperang organizations		Vac	Na
_	Did the considerable who have a file and the considerable of the first term of the considerable of the con		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o 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)	licers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000	aon B. 7th Type in Supporting Organizations			Τ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instructi	l l	1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

За

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

GIRLS ON THE RUN OF NORTH CENTRAL WEST 47-1358262 Page 7 VIRGINIA, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c.

Schedule A (Form 990) 2022

8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 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.)
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Schedule B

Schedule of Contributors

GIRLS ON THE RUN OF NORTH CENTRAL WEST

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

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

VIRGINIA, INC. 47-1358262

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• •	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$			
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2022)

Name of organization
GIRLS ON THE RUN OF NORTH CENTRAL WEST
VIRGINIA, INC.

Employer identification number

47-1358262

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	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
2		\$ 6,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization GIRLS ON THE RUN OF NORTH CENTRAL WEST VIRGINIA, INC.

47-1358262

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			Calcadula D (Farm 000) (0000)

Name of organization **Employer identification number** GIRLS ON THE RUN OF NORTH CENTRAL WEST 47-1358262 VIRGINIA, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

GIRLS ON THE RUN OF NORTH CENTRAL WEST VIRGINIA, INC.

Employer identification number 47-1358262

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVE	ENTORY:
INCOME:	
1. GROSS RECEIPTS	1,538.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	1,538.
4. COST OF GOODS SOLD (LINE 13)	1,069.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	469.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	690.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	976.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	1,666.
12. INVENTORY AT END OF YEAR	597.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	1,069.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	2,877.
SUPPLIES	10,612.
TRAINING	4,442.
PAYROLL TAXES	5,845.
TRAVEL	2,648.
OFFICE EXPENSE	3,952.
OPERATIONAL EXPENSES	5,567.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization GIRLS ON THE RUN OF NORTH CENTRAL VIRGINIA, INC.	L WEST	Employer identif	
SITE ALLOWANCE			5,012.
MISCELLANEOUS			541.
TOTAL TO FORM 990-EZ, LINE 16			41,496.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF Y	EAR END	OF YEAR
INVENTORY	6	90.	597.
PREPAID EXPENSES	4	58.	808.
SECURITY DEPOSIT		0.	500.
TOTAL TO FORM 990-EZ, LINE 24	1,1	48.	1,905.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	:		
DESCRIPTION	BEG. OF Y	EAR END	OF YEAR
PAYROLL LIABILITIES	1,0	26.	1,497.
SALES TAX PAYABLE	1	17.	3.
TOTAL TO FORM 990-EZ, LINE 26	1,1	43.	1,500.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	GIRLS ON T	HE RUN	
INTERNATIONAL'S MAIN ACTIVITY IS AN INTERACTIVE	RUNNING PR	OGRAM	
DESIGNED TO EDUCATE GIRLS, AGES EIGHT TO TWELVE,	FOR A LIF	ETIME OF S	SELF
RESPECT AND HEALTHY LIVING. THE OBJECTIVE IS TO	REDUCE THE	POTENTIAL	1
DISPLAY OF AT-RISK BEHAVIORS AMONG ITS PARTICIPANTS, WITH THE GOAL			
BEING FEWER TEEN PREGNANCIES, FEWER EATING DISORDERS, LESS DEPRESSION			
AND FEWER SUBSTANCE ABUSE PROBLEMS.			
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:			
EACH GIRL MUST CHOOSE AND CONDUCT A COMMUNITY SERVICE			
PROJECT AND COMPLETE A 1 MILE OR 3.1 MILE RUNNING EVENT			

Name of the organization GIRLS ON THE RUN OF NORTH CENTRAL WEST VIRGINIA, INC.	Employer identification number 47–1358262
WITH THEIR TEAM MEMBERS. PROGRAM RESULTS SHOW IMPROVED	
SENSE OF IDENTITY, HEALTHIER BODY IMAGE, INCREASINGLY ACTI	VE LIFESTYLES
FOR THE GIRLS THAT HAVE PARTICIPATED.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	IDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Electronic Filing PDF Attachment

(Rev. December 2019)

Department of the Treasury Internal Revenue Service

Change of Address or Responsible Party - Business

▶ Please type or print.

▶ Do not attach this form to your return.

➤ See instructions. ■ Go to www.irs.gov/Form8822B for the latest information. OMB No. 1545-1163

Before you begin: If you are also changing your home ac	ddress, use Form 8822 to report that change.	
If you are a tax-exempt organization (see instructions), ch	eck here X	
Check all boxes this change affects.		
1 X Employment, excise, income, and other busine	ess returns (Forms 720, 940, 941, 990, 1041, 1065,	1120, etc.)
2 Employee plan returns (Forms 5500, 5500-EZ,	etc.)	
3 Business location		
4a Business name		4b Employer identification number
GIRLS ON THE RUN OF NORTH CEN VIRGINIA, INC.	TRAL WEST	47-1358262
5 Old mailing address (no., street, room or suite no., city or too 919 CANYON ROAD MORGANTOWN		esa, also complete spaces below, see instructions.
Foreign country name	Foreign province/county	Foreign postal code
6 New mailing address (no., street, room or suite no., city or to 1253 CANYON ROAD MORGANTOWN	own, state, and ZIP code). If a P.O. box, see instructions. If foreign add	ress, also complete spaces below, see instructions. SUITE 14
Foreign country name	Foreign province/county	Foreign postal code
7 New business location (no., street, room or suite no., city or Foreign country name	town, state, and ZIP code). If a foreign address, also complete spaces	below, see instructions. Foreign postal code
O. November and the second		
8 New responsible party's name		
9 New responsible party's SSN, ITIN, or EIN. (CAUT	ION: YOU MUST REFER TO THE INSTRUCTIONS FOR FOF	M SS-4 TO SEE WHO MAY USE AN EIN.)
10 Signature. Under penalties of perjury, I declare that I have	e examined this application, and to the best of my knowled	dge and belief, it is true, correct, and complete.
Daytime telephone number of person to contact (op	tional) •724-971-U73	39
Sign Signature of	tor	111/14/23 Date
Here executive direc	tor	

For Privacy Act and Paperwork Reduction Act Notice, see instructions. 214191 04-01-22

Form 8822-B (Rev. 12-2019)