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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www irs gov/form990



AF	or the	e 2013 calendar year, or tax year beginning $ { m JUL}1,2013$ and 6	ending J	ŬN 30, 2014	
B (Check if applicabl	e: C Name of organization		D Employer identified	cation number
	Addre chang	GIRLS ON THE RUN OF LANCASTER			
	Name chang			27-0	200927
	_ Initial return		Room/suite		
	 ated			717-	330-7893
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	319,053.
	Applic tion	^{a-} LANDISVILLE, PA 17538-0262	H(a) Is this a group re		
	pendir	F Name and address of principal officer: CARRIE JOHNSON		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🔽 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	list. (see instructions)
		te: WWW.GOTRLANCASTER.ORG		H(c) Group exemptio	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2009	State of legal domicile: PA
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities:	JUCATE	, INSPIRE,	AND PREPARE
ano		GIRLS FOR A LIFETIME OF SELF-RESPECT AND			
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos			
g					<u> 13</u> 13
ø		Number of independent voting members of the governing body (Part VI, line 1b)			4
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			500
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a a	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	57,266.	81,572.
onu				122,998.	178,607.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,074.	31,818.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		217,338.	291,997.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		85,926.	116,062.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 18,08	38.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		105,677.	140,623.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		191,603.	256,685.
	19	Revenue less expenses. Subtract line 18 from line 12		25,735.	35,312.
s or			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		65,094.	99,941.
t As Id B	21	Total liabilities (Part X, line 26)		465.	0.
Pur	22	Net assets or fund balances. Subtract line 21 from line 20		64,629.	99,941.
	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CARRIE JOHNSON, EXECUT Type or print name and title	IVE DIRECTOR		Date				
Paid	Print/Type preparer's name BRIAN GROFF	Preparer's signature	Date	Check PTIN if self-employed P00324634				
Preparer	Firm's name TROUT , EBERSOLE	& GROFF, LLP		Firm's EIN 23-1551315				
Use Only	Firm's address 📘 1705 OREGON PIKE							
	LANCASTER, PA 17		Phone no. 717 – 569 – 2900					
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
332001 10-2	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)							

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	990 (2013) GIRLS ON THE RUN OF LANCASTER	27-0200927 _{Pag}
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission: GIRLS ON THE RUN AIMS TO EDUCATE AND EMPOWER PRE-TEE	
	RUNNING AND AN INTERACTIVE CURRICULUM TO INSPIRE SEL	
	HEALTHY LIFESTYLES. OUR CORE CURRICULUM PROVIDES GIR MAKE POSITIVE DECISIONS AND AVOID RISKY ADOLESCENT E	
2	Did the organization undertake any significant program services during the year which were not listed or	
-	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices? Yes XI
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations revenue, if any, for each program service reported.	to others, the total expenses, and
4a) (Revenue \$ 178,607
	DELIVER A 24 LESSON CURRICULUM TO THIRD THROUGH EIGH	
	PROGRAM WILL TEACH IMPORTANT SKILLS WHILE PREPARING	THE GIRLS FOR
	PARTICIPATION IN A 5K RUN/WALK.	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
	Other program convisor (Despring in Schodulo Q)	
1.4	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d		/
4d 4e	Total program service expenses ► 135,366.	
4e	Total program service expenses ► 135,366.	Form 990 (20
		Form 990 (20

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Form 990 (RUN	OF	LANCASTER
Part IV	Ch	ecklist of R	lequired S	Scheo	dules			

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		110		
•	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		12a		x
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16		15		- 23
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
n	If "Yes" to line 20a, did the organization attach a conv of its audited financial statements to this return?	20h		

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
20	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u></u>
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2013)

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a Enter the number eported in Box 3 of Form 1096. Enter-0+ in not applicable 11 12 2 b Enter the number of form SVB chickded in the is a Enter 0+ fin despiticable. 10 0 c Bitter the number of orm SVB chickde in the value of the sopplicable. 10 0 2 Enter the number of orm SVBs reported in Form V3, Transmittu of Wage and Tax Statements. 10 10 2 Enter the number of orm SVBs reported in Eor W3, Transmittu of Wage and Tax Statements. 20 X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to 0- file (see instructions) 3a X 3 Do the organization have unrelated business groos snoore of 31 Out or more during the year? 3a X 4 A any time of a form SDD Tor this year? If VN, " to ine 3b, provide an explanation in Schedulo C 3b X 5 If Yes, "nast filed a foreign country. 2 4a X X 5 If Yes, "nast filed a gregatization have an interset, or a signature or othe authorty over, a financial accounts. 5a X 5 If Yes, "nast the da a foreign country. 2 3b X 5 D dary tiscable party notify me organization have an intrasscion at any time during the tax scient. 5a X 6 D box the organization have an en		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2G included in line 1a. Enter 0.: Front applicable, applicable gaming (gambing) winnings to pitze winners? 10 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] 4 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] 4 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b Dif we set files a form 000-for this year? 3a 3b If we set files form 000-for this year? 3a 3c Note. If the anomed of for this year? 3a 3c Note files and the foreign country. 5a 3c Wast the organization have an leader set anomality greater than \$100,000, and did the organization for form \$2,1, Report of Foreign Bank and Financial Accounts. 5a 3c Wast the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutions are anary to a prohbibit data shelter transaction? 5c 4d Yas, 'to be for anomaziton include with every solicitation an express statement that such contributions or griss were not tax deductible? 7a X <td< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>				Yes	No
b bit the semiclastic to brink Viet Dirick Viet	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
Image: Comparison of process of pro	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements. 2a 4 b If at least one is reported on line 2a, did the organization file all required fedral employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If Yes, 'has it field a form 90-1 for this year? If 'No, 'to line 3b, provide an explanation in Schedule O 3a X b If Yes, 'has it field a form 90-1 for this year? If 'No, 'to line 3b, provide an explanation in Schedule O 3a X b If Yes, 'to are the name of the organization have an interset in, or a signature or other authority over, a financial account)? 4a X b Did any taskeb party notify the organization have an interest in, or a signature or there authority over, a financial account)? 5a X c Did any taskeb party notify the organization have an interest in, or a signature or there authority over, a financial account)? 5b X b Did any taskeb party notify the organization have arbits at here transaction at any taskeb party object the organization have begat aschant it was or is a party to a pro	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
till term La 4 bill term La 4 bill term La 2b X Note, if the sum of lines is and 2a is greater than 250, you may be required to ef-file (see instructions) 3a 3a 3a 3b		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required foe-file (see instructions) 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If the required to e-file (see instructions) 3a X b If thes, in the file a form 990-T for this year <i>II</i> "No, it o line 3b, provide an explanation in Schedule O 3b c At any time during the calendary year, did the organization have an interest in, no a signature or other authorty over, a 4a a financial account in a foreign country, lb See instructions for filing requirements for Form DF 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a Was the organization a party to a prohibited tax shelter transaction? 5b X b Did any taxable party notify the organization the 8867.7 5c X 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X 7 Organization taxe any contributions state a contribution and party for prohibited tax shelter transaction? 6b X 7 Organization receive apametin in excess of 35. Made party as a contribution and party for prodos and services provided to the payri? 7a X 7 Organization receive apametin in excess of 35. Made party as a contribution on party for yordind state sequired	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Image: See instructions have unrelated business gress income of \$1,000 or more during the year? See instructions of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country, IP 4a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country, IP 4a Xa 5a Ur Yes, "enter the name of the foreign country, IP 5a X 5a Ur Yes, "enter the name of the foreign country, IP 5a X 5a Ur Yes, "to ins 5a or 5b, of the organization that it was or is a party to a prohibited tax shelter transaction 7 5b X 5b If Yes," to ins 5a or 5b, of the organization infier Fore 88867 5a X 6a Does the organization have annual gross necelpts that are normally greater than \$100,000, and did the organization solict any contributions that may receive deductible contributions under section 170(c). 5a X 7b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 7b If Yes," did the organization notify the doror of the value of the goods or services provided? 7a X 7b If Yes," indicate the number of Forms 8282? field du		filed for the calendar year ending with or within the year covered by this return 2a	1		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit 1'Yes, 'that filed a Form 90-T for this year? If 'No,'' to line 3b, provide an explanation in Schedule O 3b 3b A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account). 3b 3b bit 1'Yes,'' rate the name of the foreign county. ► 4a X See instructions for filing requirements for Form TD F 50/22.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X Do dany taxable party notify the organization file Form 886617 6a X Bo Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions? 6a X f 1'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization receive a payment in excess of \$75 made party is a prohibited tax shelter transaction? 7a X bit the organization neceve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X d I'Yes,'' did the organization neceve any funds, directly or indirectly	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it field a Form 990 T for this year? If "No," to line 30, provide an explanation in Schedule 0 30 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 4a b If "Yes," enter the name of the foreign country, be 4a 5e instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a X b If "Yes," enter the name of the foreign country, be 5a 5a Was the organization in a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a If "Yes," to ite 5a or 50, fould the organization file Form 888617 5a 6a Does the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 6a b If "Yes," did the organization include with evalue of the goods or services provided? 7a c Voganization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7a f If "Yes," did the organization eleves any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a f If "Yes," did the organization sell exchange, or otherwise dispose of tangible personal property for which it was		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a 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)? 4a X b If 'Yes, 'inter the name of the foreign country ▶	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
In anciel account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6a Does the organization hard it was or is a party to a prohibited tax shelter transaction? 5b X 6b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sc 6a A X Y "res," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions? 6a X 7 Organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to the party? 7a X 7b If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the part? 7a X 7c Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fine form 282? 7a X 7f Did the organizatio	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b If 'Yes,' enter the name of the foreign country:	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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			14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					

Statements Regarding Other IRS Filings and Tax Compliance

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X

Yes No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{PA}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	•	
	CARRIE JOHNSON - 717-330-7893			
	1116 MANHEIM PIKE , LANCASTER, PA 17604			
332006	5 10-29-13	Form	9 90	(2013)
	6			

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^{2013.04021} GIRLS ON THE RUN OF LANCAST 03738_01

Fart VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's ta	ıx yeai
 List al 	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensatio	on.

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position to not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com ee				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) SUSAN ASHWORTH	1.00	<u> </u>	<u> </u>	0	×	ᅗ	۰Œ			
DIRECTOR		x						0.	0.	0.
(2) ROBIN SARRATT	2.00									
TREASURER		x						0.	Ο.	Ο.
(3) SHIOBHAIN HARDING	1.00									
DIRECTOR		x						0.	0.	0.
(4) STEPHANIE CARFLEY	1.00									
DIRECTOR		X						0.	0.	0.
(5) JEFF BRADLEY	1.00									
DIRECTOR		х						0.	0.	0.
(6) DANA CHRYST	1.00									
DIRECTOR		х						0.	0.	0.
(7) JACQUELINE SANDHERR	1.00									_
DIRECTOR		X						0.	0.	0.
(8) TIFFANI PEOPLES	2.00									-
SECRETARY		X						0.	0.	0.
(9) KATE MULLEN	1.00									
DIRECTOR		X						0.	0.	0.
(10) JILL FLEMMING HIGH	1.00									
DIRECTOR		X						0.	0.	0.
(11) DANA HERR	2.00									
CHAIR	1 00	X						0.	0.	0.
(12) AMANDA NESBITT	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(13) KATIE SANDOE	1.00									0
DIRECTOR	00.00	X						0.	0.	0.
(14) CARRIE JOHNSON	20.00							20 500		0
EXECUTIVE DIRECTOR	1 - 00			Х				39,520.	0.	0.
(15) JENNIFER WEST	15.00								0	0
PROGRAM DIRECTOR				X				32,760.	0.	0.
				I						- 000 (0010)

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Form 990 (2013)

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	<u>1990 (2013)</u> GIRLS ON									27-02	200	927	Pa	age 8
Pa	rt VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	/ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	Average (do not check more than one box, unless person is both an officer and a director/trustee) from the organization (list any nours for related by a box officer and a director/trustee) from the organization (W-2/1099-MISC)		(E) Reportable compensation from related organizations (W-2/1099-MIS	6	an com fr org	(F) timate nount other pensa om the anizat d relat	of ition e ion					
		below	lividual -	titution	Officer	ƙey employee	ployee	Former				orga	nizati	ons
		line)	pul	lus	Offi	Key	Hig em	For						
			-					-						
			{											
	Sub-total								72,280.		0.			0.
	Total from continuation sheets to Part Total (add lines 1b and 1c)								72,280.		0.			0.
2	Total number of individuals (including but compensation from the organization							no r	eceived more than \$100	,000 of reportabl	e			0
													Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for	, ,			,	•		,	highest compensated e	. ,		3		х
4	For any individual listed on line 1a, is the	sum of reportab	ole c	ompe	ensa	atior	n and	d ot	her compensation from	the organization		-		v
5	and related organizations greater than \$1 Did any person listed on line 1a receive or											4		X
Sec	rendered to the organization? If "Yes," co ction B. Independent Contractors	mplete Schedu	le J i	for sl	ıch j	pers	son .					5		Х
1	Complete this table for your five highest of	ompensated in	dep	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for (A)	r the calendar y	/ear	endii	ng w	vith	or w	ithir I	n the organization's tax (B)	year.		(0	•	
	(~) Name and busines	s address	N	ONE	2				Description of s	ervices	С	ompei		n
								_						
2	Total number of independent contractors	(including but r	not li	miter	d to	tho	se lie	ster	above) who received a	ore than			_	_
	\$100,000 of compensation from the organ		.511)					_	000	
33200 10-29	8 -13											Form	990 (2	2013)

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Form	9	9	0	(20	13)

Form 990 (2013) GIRLS ON THE RUN OF LANCASTER Part VIII Statement of Revenue

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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S,G		Fundraising events 1c					
ar J		Related organizations 1d					
ini,		Government grants (contributions)					
rior	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	81,572.				
dut	g	Noncash contributions included in lines 1a-1f: \$					
aŭ	h	Total. Add lines 1a-1f	►	81,572.			
			Business Code	116 011	116 011		
ice		SPRING 5K PROGRAM	611620	116,811.	116,811.		
Program Service Revenue	b	FALL 5K PROGRAM	611620	61,796.	61,796.		
N S u	С						
Be	d						
Pro	e						
_	T	All other program service revenue		178,607.			
_	3	Total. Add lines 2a-2f Investment income (including dividends, intere		110,007.			
	U	other similar amounts)	·				
	4	Income from investment of tax-exempt bond p	r				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	····· •				
Jue	0 0	Gross income from fundraising events (not including \$ of					
Other Reve		contributions reported on line 1c). See					
r, R			58,874.				
the	b		27,056.				
0				31,818.			31,818.
		Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	····· ►				
	10 a	Gross sales of inventory, less returns					
	_	and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
	11 a	Miscellaneous Revenue	Business Code				
	n a b						+
	u c						+
		All other revenue					†
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.	🕨	291,997.	178,607.	0.	31,818.
33200 10-29-	9 •13		·				Form 990 (2013)
				9			

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Secti	ion 501(c)(3) and 501(c)(4) organizations must corr Check if Schedule O contains a respor		-		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16 \dots				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			00.070	
	trustees, and key employees	50,473.	27,594.	22,879.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)		22 004	7 001	16 700
7	Other salaries and wages	56,697.	32,994.	7,001.	16,702.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	8,892.	5,027.	2,479.	1,386.
10	Payroll taxes	0,052.	5,027.	2,475.	1,500.
11	Fees for services (non-employees):				
a b	Management				
	Legal Accounting	7,872.		7,872.	
	Lobbying	.,,,,,,		,,,,,,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	3,424.		3,424.	
12	Advertising and promotion	6,215.		3,424. 6,215.	
13	Office expenses	5,711.		5,711.	
14	Information technology	420.		420.	
15	Royalties				
16	Occupancy				
17	Travel	10,760.		10,760.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,112.	2,112.		
20	Interest				
21	Payments to affiliates		000	C1	
22	Depreciation, depletion, and amortization	951.	890.	61.	
23		5,577.		5,577.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) ´ RACES	39,586.	39,586.		
a b	SUPPLIES	17,856.	17,856.		
a a	BANK AND CREDIT CARD FE	10,392.	±7,050•	10,392.	
c d	PRINTING	7,651.		7,651.	
a e	All other expenses	22,096.	9,307.	12,789.	
е 25	Total functional expenses. Add lines 1 through 24e	256,685.	135,366.	103,231.	18,088.
26	Joint costs. Complete this line only if the organization			,	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

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Form **990** (2013)

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Form 990 (2013)
Part X Balance Sheet

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IRLS	ON	THE	RUN	OF	LANCASTER	2

Fa			. hr -				
		Check if Schedule O contains a response or not	e to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			61,094.	1	94,439.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50 ⁻	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,898. 1,396.			
	b	Less: accumulated depreciation	10b	1,396.	4,000.	10c	5,502.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa		65,094.	16	99,941.	
	17	Accounts payable and accrued expenses	465.	17	0.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
Ē		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			1.65	25	•
	26				465.	26	0.
		Organizations that follow SFAS 117 (ASC 958		k here ► LX and			
Sec		complete lines 27 through 29, and lines 33 an					00 041
anc	27	Unrestricted net assets			64,629.	27	99,941.
Bal	28	Temporarily restricted net assets		······		28	
pu	29			······		29	
цЦ		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶ 📖			
s of		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	00 0/1
-	33	Total net assets or fund balances			64,629.	33	99,941.
	34	Total liabilities and net assets/fund balances			65,094.	34	99,941. Form 990 (2013)

Form **990** (2013)

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Form	990 (2013) GIRLS ON THE RUN OF LANCASTER	27-020	0927	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			97.
2	Total expenses (must equal Part IX, column (A), line 25)	2			85.
3	Revenue less expenses. Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64	1,6	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	99	9,9	41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

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SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-EZ)
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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.

Open to Public . Inspection

OMB No. 1545-0047

Internal Revenue Service	
Manage and the strength of the	

nternal Reven	ue Service	Information abo	out Schedule A (Form 990	or 990-EZ)	and its inst	ructions is	at www.w/ ire	any/form	990	Insp	ection	
Name of t	he organizati									identificat	ion nu	mber
	U U	GTRLS O	N THE RUN OF	LANC	ASTER				2	7-0200	927	
Part I	Reason		ity Status (All organiz				.) See inst	ructions.				
			because it is: (For lines 1			•	,					
1				-		•	-					
	-		s, or association of church		ibea in se		(D)(T)(A)(I)	•				
2			'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization o									
4 📖		•	operated in conjunction	with a hos	pital desci	ribed in se	ction 1/0	(I)(A)(I)	I). Enter	the hospita	i's nam	ıe,
	city, and stat											
5 📖	0	•	benefit of a college or ur	niversity ov	vned or op	perated by	a governi	mental uni	t describ	bed in		
		(b)(1)(A)(iv). (Comple										
6	A federal, sta	ite, or local governm	ent or governmental unit	t described	l in sectio	n 170(b) (1	I)(A)(v).					
7 📖	An organizati	ion that normally rec	eives a substantial part of	of its supp	ort from a	governme	ental unit o	or from the	general	public dese	cribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	r trust described in s	ection 170(b)(1)(A)(vi).	Complete	Part II.)							
9 X	An organizati	ion that normally rec	eives: (1) more than 33 1	I/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in exception	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	invest	ment
	income and u	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	ion organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	ŀ).				
11 📖	An organizati	ion organized and op	perated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purposes	of one	or
	more publicly	/ supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1 ⁻	le through	n 11h.						
	a 🛄 Type I	I b ∐ Ty	γpeⅡ c└└┘Τչ	/pe III - Fur	nctionally i	integrated	c	і 📖 Тур	e III - No	n-functiona	lly integ	grated
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	y by one oi	r more dis	qualified	persons ot	her tha	In
	foundation m	nanagers and other t	han one or more publicly	/ supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	it it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and (iii) below	,	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
			person described in (i) o									
h			about the supported or									
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(ν) Did yoι	u notify the	(vi) Is	the	(vii) Amoun	t of mo	netarv
organization (described on lines 1-9				in col. (i) lis				organizátio (i) organiz	ed in the		port	,
				governing (ocument?	(i) of your	support?	U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			

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Form 990 or 990-EZ.

<u>Total</u>

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LHA For Paperwork Reduction Act Notice, see the Instructions for

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2013.04021 GIRLS ON THE RUN OF LANCAST 03738_01

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Part II	Sup

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.						
	tion B. Total Support						I
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(u) 2000	() 2010	(0) 2011	(4) 2012		(1) 10101
8	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)	•		12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2013 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test						
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ		-		• •		
18	Private foundation. If the organizatio		•	• •	,		s 🕨 🗌
				, ,,			

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 GIRLS ON THE RUN OF LANCASTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	48,728.	48,018.	38,382.	50,767.	140,446.	326,341.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	26,968.	82,731.	137,485.	192,907.	178,607.	618,698.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		100 840		042 684	210 052	0.45 0.20
	Total. Add lines 1 through 5	75,696.	130,749.	175,867.	243,674.	319,053.	945,039.
7a	Amounts included on lines 1, 2, and	17 642		F 000		1 500	20 142
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that	17,642.	2,500.	5,000.	2,500.	1,500.	29,142.
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b	17,642.	2,500.	5,000.	2,500.	1,500.	29,142.
	Public support (Subtract line 7c from line 6.)						915,897.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013 319,053.	(f) Total 945,039.
9	Amounts from line 6	75,696.	130,749.	175,867.	243,674.	319,053.	945,039.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	75,696.	130,749.	175,867.	243,674.	319,053.	945,039.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
		-		<u></u>	<u></u>	-	>
	ction C. Computation of Publ						
15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	96.92 %
	Public support percentage from 2012					16	%
	ction D. Computation of Inves		•				
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2012. If the	•					
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or iso, check th			 0 or 990-EZ) 2013
33202	20 UB-20- 10			15	Sch	euule A (Form 99	U UI 990-EZ) 2013

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Schedule A	(Form 990 or 990-EZ) 2013 GII	RLS ON T	HE RUN	OF	LANCASTER	27-0200927 _F
Part IV	Supplemental Information	n. Provide the	explanation	ns requ	iired by Part II, line 10; F	Part II, line 17a or 17b; and Part III, line 12
	Also complete this part for any a	dditional inform	nation. (See	instruc	ctions).	

2024 09-25-13		 				ule A (Fo	

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

27-	020092	7
~ /	00000	

Organization	type	(check	one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

GIRLS ON THE RUN OF LANCASTER

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose. Lo not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., so more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

GIRLS ON THE RUN OF LANCASTER

27-0200927

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD 170 NORTH POINTE BLVD. LANCASTER, PA 17601	- \$\$7,980.	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	ATLEE HALL, LLP 8 NORTH QUEEN ST LANCASTER, PA 17601	- \$\$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
3	HEART OF LANCASTER REGIONAL MEDICAL CENTER 1500 HIGHLANDS DRIVE LITITZ, PA 17543	- \$\$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
4	CLARK FAMILY FOUNDATION 44 BOWMAN ROAD LANCASTER, PA 17602	\$ <u>10,000.</u>	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
323452 10-2	4-13 18	- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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Employer identification number

27-0200927

GIRLS ON THE RUN OF LANCASTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given PMV (of estimate) (see instructions) (b) (c) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (c) FMV (or estimate)

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Part III	year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, Use duplicate copies of Part III if additio	I the following line entry. For organizati etc., contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,0 ons completing Part III, enter r the year. (Enter this information once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hele
	Transferee's name, address,	(e) Transfer of gi and ZIP + 4	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel
	Transferee's name, address,	(e) Transfer of gi and ZIP + 4	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel
	Transferee's name, address,	(e) Transfer of gi	ft Relationship of transferor to transferee
-	, , , ,		
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hele
	Transferee's name, address,	(e) Transfer of gi	
-	n ansieree's name, address,	anu 21F + +	Relationship of transferor to transferee

(Forr Depart	HEDULE D n 990) ment of the Treasury I Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes," to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. m 990) and its instructions is at www.irs.gov/f	OMB No. 1545-0047 2013 Open to Public Inspection		
Nam	e of the organizati				r identification	
D		GIRLS ON THE RUN O			27-020092	
Pa		-	ed Funds or Other Similar Funds or A	accounts.	Complete if the)
	organizatio	n answered "Yes" to Form 990, Part IV, lin				
			(a) Donor advised funds	b) Funds ar	nd other accoun	its
1		nd of year				
2	Aggregate contrib	utions to (during year)				
3		from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised fun			
-			exclusive legal control?		📖 Yes	└── No
6			dvisors in writing that grant funds can be used of			
			or donor advisor, or for any other purpose confer	-		 .
Pa	impermissible priv		ganization answered "Yes" to Form 990, Part IV,		📖 Yes	└── No
1		servation easements held by the organizat		line 7.		
2	Preservation Protection o Preservation Complete lines 2a	n of land for public use (e.g., recreation or e of natural habitat n of open space through 2d if the organization held a quali		storic struc	ture	ie last
	day of the tax yea	r.		Held	at the End of the	Tax Vear
а	Total number of c	onservation essements		2a		
b				2b		
c c	•		ucture included in (a)	20 20		
d			after 8/17/06, and not on a historic structure			
				2d		
3			leased, extinguished, or terminated by the organ	nization duri	ng the tax	
	year 🕨				-	
4	Number of states	where property subject to conservation ea	sement is located ►			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enf	forcement of the conservation easements i	t holds?		🔲 Yes	🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	and enforcing conservation easements during t	he year 🕨		
7	Amount of expense	ses incurred in monitoring, inspecting, and	enforcing conservation easements during the ye	ear 🕨 \$		
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?			📖 Yes	L No
9	In Part XIII, descril	be how the organization reports conservat	on easements in its revenue and expense stater	ment, and b	alance sheet, a	nd
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial statements that describes the org	ganization's	accounting for	
_	conservation ease			<u></u>		
Pa		•	f Art, Historical Treasures, or Other	Similar A	issets.	
		f the organization answered "Yes" to Form				
1a			SC 958), not to report in its revenue statement a			
			nibition, education, or research in furtherance of	public serv	ice, provide, in F	Part XIII,
		tnote to its financial statements that descr				
b			SC 958), to report in its revenue statement and b			
			ducation, or research in furtherance of public se	rvice, provic	de the following	amounts
	relating to these it					
-						
2	•		asures, or other similar assets for financial gain,	provide		
		unts required to be reported under SFAS 1		•		
a L						
b	Assets included in	I Form 990, Part X		. 🏲 🎙 🔄		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13						Schedule D (Form 990) 2013					
				21							
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		N THE RUN OF					200927	
Pa	t III Organizations Maintaining C							
3	Using the organization's acquisition, access	on, and other records,	check any of the	following that	at are a sigr	nificant use of i	ts collection	items
	(check all that apply):							
а	Public exhibition	d		change progra				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain h	ow they further	the organizati	on's exem	pt purpose in F	art XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m						Yes	└── No
Pa	t IV Escrow and Custodial Arran		if the organization	on answered	"Yes" to Fo	orm 990, Part IV	/, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod							
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:					
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
-	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F						Yes	
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							
Fa	t V Endowment Funds. Complete i						IL C Town	inner hanli
		(a) Current year	(b) Prior year	(c) Two year	IS DACK (d) Three years bac	к (е) гои (years back
	Beginning of year balance						_	
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships						_	
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	9	6					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organization	on that are held a	and administe	ered for the	organization	_	
	by:						· · · · · ·	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's endowr	ment funds.					
Pa	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" to Form 990, P	art IV, line 11a. S	See Form 990	, Part X, lin	ie 10.		
	Description of property	(a) Cost or othe	er (b) Cos	t or other	(c) Acc	umulated	(d) Book	value
		basis (investmer	nt) basis	(other)	depre	eciation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			6,898.		1,396.	5	,502.
	Other							
	Add lines 1a through 1e. (Column (d) must e		column (B), line	10(c).)	<u></u>		5	,502.
						Schedu	ıle D (Form	990) 2013

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(a) Description of security or category (including name of security)	to Form 990, Part IV, line (b) Book value			nd-of-year market value
) Financial derivatives				ind of year market value
Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) •tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes" t	o Form 990. Part IV. line	11d. See Form 990.	Part X, line 15.	
	Description			(b) Book value
(1)	-			
(2)				
(3)				
(4)				
(5)				
(6)				
(6)				
(7)				
(7) (8) (9)				
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)			►
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.				►
 (7) (8) (9) (9) (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the organization and the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization and the organization and the organization answered "Yes" to the organization answered "Yes" to the organization and the o		11e or 11f. See For	n 990, Part X, line 2	► 25.
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability			n 990, Part X, line 2	25.
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes		11e or 11f. See For	m 990, Part X, line 2	25.
(7) (8) (9) vat. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See For	m 990, Part X, line 2	25.
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the organization of liability (1) Federal income taxes (2) (3)		11e or 11f. See For	m 990, Part X, line 2	25.
(7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" to the organization of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See For	m 990, Part X, line 2	25.
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See For	n 990, Part X, line 2	25.
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See For	m 990, Part X, line 2	25.
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See For	m 990, Part X, line 2	25.
 (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) 		11e or 11f. See For	n 990, Part X, line 2	25.
(7) (8) (9) Yart X Other Liabilities. Complete if the organization answered "Yes" to a complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line	11e or 11f. See For	n 990, Part X, line 2	25.
(7) (8) (9) Yart X Other Liabilities. Complete if the organization answered "Yes" to the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	to Form 990, Part IV, line	11e or 11f. See Forr (b) Book value		

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27-0200927 Page

990) 2013	GIRLS	ON	THE	RUN	OF	LANC

Sche	dule D (Form 990) 2013 GIRLS ON THE RUN OF LANCAS	TER	27-0200927 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5			
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	-	ses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		i
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:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

14510917 350690 03738.000

	Information Departing		draia	ing or Coming	1 ativ	vition	OMB No. 1545-0047
(Form 990 or 990-EZ)	emental Information Regarding	-					2013
Department of the Treasury	organization entered more than \$* Attach to Form 99	15,000	on Fo	rm 990-EZ, line 6a.	,		Open To Public
Internal Revenue Service	ation about Schedule G (Form 990 or 990-EZ						Inspection
Name of the organization	S ON THE RUN OF LANC	ASTE	R			Employer is $27 - 020$	lentification number 0927
	ities. Complete if the organization answ			Form 990, Part IV, li	ine 17		
required to complete th	iis part.						
a Mail solicitations	on raised funds through any of the follow e Solicita			Check all that apply overnment grants			
b Internet and email solicit				nment grants			
c Phone solicitations	g └── Specia	al fundra	aising	events			
 d In-person solicitations 2 a Did the organization have a wr 	itten or oral agreement with any individua	al (inclu	dina o	fficers. directors. trus	stees	or	
	990, Part VII) or entity in connection with					Y	es 🗌 No
b If "Yes," list the ten highest pa compensated at least \$5,000 b	id individuals or entities (fundraisers) pure by the organization.	suant to	o agre	ements under which	the fi	undraiser is t	o be
(i) Name and address of individu		(iii)	Did	(iv) Gross receipts		Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c or cor	ustody	from activity	f	r retained by undraiser ed in col. (i)) to (or retained by) organization
		_			1151		-
		Yes	No				
		_					
		-					
		_					
		-					
Total							
	nization is registered or licensed to solicit	t contrik	oution	s or has been notified	d it is	exempt from	registration
or licensing.							
LHA For Paperwork Reduction Ac	t Notice, see the Instructions for Form	n 990 or	990-1	EZ. S	ched	ule G (Form	990 or 990-EZ) 2013
332081 09-12-13							
		25					

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Schedule G (Form 990 or 990-EZ) 2013 GIRLS ON THE RUN OF LANCASTER

27-0200927 Page 2

Pa	nrt I		e organization answered		IV, line 18, or reported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SOULMATES	5 FOR FAB	5	(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	17,241.	7,000.	34,633.	58,874.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	17,241.	7,000.	34,633.	58,874.
	4	Cash prizes				
Ś	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				27,056. 27,056.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			•	31,818.
Pa						
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			1 1	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac No," explain:		states?		_ L_ Yes L_ No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
3320	32 09	9-12-13			Schedule G (For	rm 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 GIRLS ON THE RUN OF LANCASTER 27	-0200)927	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	
to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in:	···		
a The organization's facility	13a		%
b An outside facility		-	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100	<u> </u>	/0
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗆 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party \blacktriangleright \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Ves	
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<u> </u>	163	
organization's own exempt activities during the tax year \$	3		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I	II lines C	9h 1)h 15h
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		, 30, 1	50, 150,
332083 09-12-13 Schedule G (F	orm 990	or 990	- EZ) 201 3
27 510917 350690 03738.000 2013.04021 GIRLS ON THE RUN OF LANC	CAST	037	38 01

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs. gov/1		OMB No. 1545-0047 2013 Open to Public Inspection
Name of the organization	0	Employer	identification number 200927
FORM 990, PA	RT VI, SECTION B, LINE 11:		
EXPLANATION:	A COPY OF THE COMPLETED FORM 990 IS PRESENTE	D TO TI	HE BOARD OF
DIRECTORS FO	R APPROVAL BEFORE FILING WITH THE IRS.		
FORM 990, PA	RT VI, SECTION C, LINE 19:		
EXPLANATION:	PUBLIC RECORDS ARE MADE AVAILABLE UPON WRITT	EN REQU	JEST.
FORM 990, PA	RT XII, LINE 1, OTHER ACCOUNTING METHOD:		
MODIFIED CAS	H BASIS		
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	lule O (Form	990 or 990-EZ) (2013)

332211 09-04-13

Form	4562	
Departr	nent of the Treasury	

Depreciation and Amortization 990 (Including Information on Listed Property)

OMB No. 1545-0172 3

Attachment

.---

Including	Information	on	Listed	Prope
-----------	-------------	----	--------	-------

Interna	al Revenue Service (99)	see separate inst	ructions.	Attach	ι το γο	bur tax re	eturn.		Sequence No. 179	
Name	(s) shown on return			Busine	ess or a	ctivity to wh	ich this form relate	es	Identifying number	
A T1					1 6 0		NGE 10		27 02002	-
	RLS ON THE RUN OF L		70 Noto: /f.w				AGE 10	Vboforo	27-020092	/
								4	500,00	0
	Maximum amount (see instructions) Fotal cost of section 179 property plac	and in convice (coo							500,00	
	Threshold cost of section 179 property place								2,000,00	0.
	Reduction in limitation. Subtract line 3									
	Dollar limitation for tax year. Subtract line 4 from lin							_		
6	(a) Description of p			(b) Cost (busine			(c) Elected			
						_			_	
	_isted property. Enter the amount from					7				
	Total elected cost of section 179 prop									
	Tentative deduction. Enter the smalle									
	Carryover of disallowed deduction from									
	Business income limitation. Enter the s									
	Section 179 expense deduction. Add							12		
	Carryover of disallowed deduction to 2 : Do not use Part II or Part III below for					13				_
	rt II Special Depreciation Allowa	1 1 9	,		de list	ed prope	erty)			
	Special depreciation allowance for qua			-						
	he tax year	1 1 9 (1 1 371			0	14		
	Property subject to section 168(f)(1) el									
	Other depreciation (including ACRS)							16		
Pa	rt III MACRS Depreciation (Do n									
			Se	ection A						
17	MACRS deductions for assets placed	in service in tax ye	ears beginnir	ng before 2013	3		<u></u>	17	89	0.
18 I	f you are electing to group any assets placed in se									
	Section B - Assets				Jsing	the Gen	eral Deprecia	ation Sys	stem	
	(a) Classification of property	(b) Month and year placed in service	(búsiness/i	or depreciation nvestment use e instructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deductio	۱
19a	3-year property				_					
b	5-year property	_		2,450.	5	YRS	MQ	S/L	6	1.
C	7-year property	_								
d	10-year property	_								
e	15-year property	_								
f	20-year property	_						0.1		
g	25-year property					25 yrs.		S/L		
h	Residential rental property	/				7.5 yrs.	MM	S/L		
		/				7.5 yrs.	MM MM	S/L S/L		
i	Nonresidential real property	/				39 yrs.	MM	S/L S/L		
	Section C - Assets	Placed in Service	During 201	3 Tax Year Us	sing t	he Alteri			ystem	
20a	Class life							S/L		
b	12-year				1	l2 yrs.		S/L		
с	40-year	/			4	10 yrs.	MM	S/L		
Pa	rt IV Summary (See instructions.)									
21	Listed property. Enter amount from lin	e 28						21		
22	Fotal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 2	0 in column (g)), and	line 21.				
	Enter here and on the appropriate line		•	•	tions ·	see inst	r	22	95	1.
	For assets shown above and placed ir	-	-							
	portion of the basis attributable to sec					23				
31625 12-19	13 LHA For Paperwork Reductio	n Act Notice, see	separate in	structions. 2.9					Form 4562 (20	113)

14510917 350690 03738.000 2013.04021 GIRLS ON THE RUN OF LANCAST 03738_01

	m 4562 (2013) art V Listed Propert		LS ON T utomobiles, ce						, and prop	perty use	ed for er		0200 nent, rec		
	amusement.)							-		-					
	Note: For any w through (c) of S	<i>Venicie for wr</i> Section A, all	of Section B, a	and Sec	standard ction C if	applical	e rate or ble.	r aeaud	cting lease	e expens	e, comp	^{llete} only	, 24a, 24	id, colui	mn
	• • • •		on and Other I					instruc	tions for li	mits for p	oasseng	er auton	nobiles.)		
24a	Do you have evidence to s						es	-	24b If "Y					Yes	
		(b)	(c)			<u> </u>	(e)	_ 110	(f)		g)		h)		(i)
	(a) Type of property	Date placed in	Business/		(d) Cost or		is for depre		Recovery		thod/	Depre	ciation	Ele	cte
	(list vehicles first)	service	investment use percentag	e ot	her basis	(Dus	siness/inve use only		period	Conv	ention	dedu	iction	sectio C	on ost
25	Special depreciation allo	wance for d	ualified listed r		/ placed i	n servic	e durino	n the ta	ax vear an	d					
	used more than 50% in							0			25				
	Property used more that										25				
20			%												
			%												
		: :		_											
07	Dramatic used 500/ and	: :	%												
27	Property used 50% or le	ess in a quair				-						1			
			%							S/L ·					
		: :	%	_						S/L -					
		: :	%							S/L -	-				
	Add amounts in column														
29	Add amounts in column	i (i), line 26. E	nter here and	on line	7, page 1								29		
			S	ection	B - Inforr	nation	on Use	of Veh	icles						
Con	nplete this section for ve	hicles used l	by a sole propi	rietor, p	artner, oi	other "	more th	an 5%	owner," o	or related	d persor	i. If you j	provided	l vehicle	s
to y	our employees, first ans	wer the ques	tions in Sectio	n C to s	see if you	ı meet a	an excep	otion to	completi	ng this s	ection f	or those	vehicles	S.	
				(a)	(1	o)		(c)	(0	d)	(e	e)	(f)
30	Total business/investment	miles driven d	uring the	Vel	nicle	Veh	nicle	V	ehicle	Veh	icle	Veh	icle	Veh	
	year (do not include comr	muting miles)													
	Total commuting miles of														
	Total other personal (no	-	• • • •												
	driven	-													
	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle availab		r	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
	during off-duty hours?			103		103		103		103		103		103	
	Was the vehicle used p		r i i i i i i i i i i i i i i i i i i i												
	•														
	than 5% owner or relate														
	Is another vehicle availa														
	use?														
			 Questions for 												
Ans	wer these questions to o	determine if y	/ou meet an e>	ceptior	n to comp	pleting §	Section I	B for v	ehicles us	ed by er	nployee	s who ar	re not m	ore thar	n 5
	ners or related persons.														_
27	Do you maintain a writte	en policy stat	ement that pro	ohibits a	all person	al use c	of vehicle	es, incl	luding cor	nmuting	, by you	r		Yes	
51	employees?														
	Do you maintain a writte	en policy stat	ement that pro	ohibits p	personal	use of v	ehicles,	excep	t commut	ing, by y	our				
		structions for	vehicles used	by corp	oorate off	icers, d	irectors,	, or 1%	or more	owners					
38	employees? See the ins				use?										Τ
38			nployees as pe	ersonal											T
38 39	Do you treat all use of ve	ehicles by en				nformat									
38 39 40	Do you treat all use of vo Do you provide more that	ehicles by en an five vehicl	es to your emp	ployees	, obtain i										
38 39 40	Do you treat all use of v Do you provide more the the use of the vehicles,	ehicles by en an five vehicl and retain th	es to your emp e information r	ployees received	, obtain ii d?										T
38 39 40 41	Do you treat all use of v Do you provide more that the use of the vehicles, Do you meet the require	ehicles by en an five vehicl and retain th ements conce	les to your emp e information r erning qualified	ployees received d autom	, obtain ii d? 	nonstra	tion use	?							1
38 39 40 41	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to</i>	ehicles by en an five vehicl and retain th ements conce	les to your emp e information r erning qualified	ployees received d autom	, obtain ii d? 	nonstra	tion use	?							
38 39 40 41	Do you treat all use of ve Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to s</i> art VI Amortization	ehicles by en an five vehicl and retain th ements conce	es to your emp e information r erning qualified 0, or 41 is "Yes	ployees received d autom s, " do no	, obtain ii d? 	nonstra ete Sec	tion use	?	overed ve						
38 39 40 41	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to</i>	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40	es to your emp e information r erning qualified 0, or 41 is "Yes Date a	ployees received d autom s, " <i>do no</i> (b) umortization	, obtain in d? nobile der <u>ot comple</u>	nonstra ete Seci (c) Amortizab	tion use tion B fo	?	covered ve	hicles.	(e) Amortiza	tion	An	(f) nortization	
38 39 40 41 P a	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to</i> art VI Amortization (a) Description of	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40 f costs	e information r erning qualified 0, or 41 is "Yes Date a t	ployees received d autom s, " do no (b) umortization begins	, obtain ii d? nobile der <u>ot comple</u>	nonstra ete Seci	tion use tion B fo	?	overed ve	hicles.	(e)	tion	An		
38 39 40 41 P a	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to</i> (a)	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40 f costs	e information r erning qualified 0, or 41 is "Yes Date a t	ployees received d autom s, " do no (b) umortization begins	, obtain ii d? nobile der <u>ot comple</u>	nonstra ete Seci (c) Amortizab	tion use tion B fo	?	covered ve	hicles.	(e) Amortiza	tion	An	(f) nortization	
38 39 40 41 P a	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to</i> art VI Amortization (a) Description of	ehicles by en an five vehicl and retain th ements conce 37, 38, 39, 40 f costs	e information r erning qualified 0, or 41 is "Yes Date a t	ployees received d autom s, " do no (b) umortization begins	, obtain ii d? nobile der <u>ot comple</u>	nonstra ete Seci (c) Amortizab	tion use tion B fo	?	covered ve	hicles.	(e) Amortiza	tion	An	(f) nortization	
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