Form 990
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

AI	For th	e 2012 calendar year, or tax year beginning a	nd ending		
B	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	SHE SHOULD RUN			
	Name		20-4	210843	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	ite E Telephone numbe	r	
	Termi ated	1900 L STREET, NW	500	(202) 393-8164
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	498,975.
	Applie tion pendi	WASHINGTON, DC 20050		H(a) Is this a group re	
	pendi	F Name and address of principal officer: BETSY MULLINS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)	(1) or 🛄 5		list. (see instructions)
		te: WWW.SHESHOULDRUN.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	LYe	ear of formation: 2005	State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	REASE	NUMBER OF WO	MEN RUNNING
Activities & Governance		FOR OFFICE & BREAK DOWN BARRIERS CANDI			
/err	2	Check this box			ssets. 10
ğ	3	Number of voting members of the governing body (Part VI, line 1a)			10
8	4	Number of independent voting members of the governing body (Part VI, line 1			5
ties	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			
ť	6	Total number of volunteers (estimate if necessary)		0.	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	a	Net unrelated business taxable income from Form 990-T, line 34			
	8	Contributions and grants (Dart) (III, line 1b)	-	Prior Year 543,874.	Current Year 497,223.
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	437,223.
ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	177.
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		427.	1,575.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		544,301.	498,975.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	F	336,970.	332,927.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.
eq.	b	Total fundraising expenses (Part IX, column (D), line 25)	,601.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		121,215.	183,883.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		458,185.	516,810.
	19	Revenue less expenses. Subtract line 18 from line 12		86,116.	-17,835.
Ces				Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		95,152.	109,935.
Fund Balances	21	Total liabilities (Part X, line 26)		13,439.	46,057.
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		81,713.	63,878.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sche			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	of which prepa	rer has any knowledge.	

Sign Here	Signature of officer BETSY MULLINS, PRESIDE	NT/CEO	Date			
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN		
Paid	FRANK H. SMITH	Frank H. Smith	11/14/14 ^{tf} self-employed P	00639053		
Preparer	Firm's name RAFFA , P .C.	· · · · · · · · · · · · · · · · · · ·	Firm's EIN 🕨 52	-1511275		
Use Only	Firm's address 1899 L STREET, N	W, SUITE 900				
	WASHINGTON, DC 2	0036	Phone no. (202) 822-5000		
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)					
232001 12-1	232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)					
			CO	PY		

*** ELECTRONICALLY FILED ON 11/14/2014 ***

Form	1 990 (2012) SHE SHOULD RUN	20-4210843	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		🛛
1	Briefly describe the organization's mission: SHE SHOULD RUN, FOUNDED IN 2005 AS A 501(C)(3) SISTER	ORGANTZATTON ()ፑ
	WOMEN'S CAMPAIGN FUND (WCF), IS DEDICATED TO DRAMATIC		
	THE NUMBER OF WOMEN IN PUBLIC LEADERSHIP BY ELIMINATI		
	BARRIERS TO SUCCESS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes l	X No
-	If "Yes," describe these new services on Schedule O.	-	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes L	_A_ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	s as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	· · ·	
	revenue, if any, for each program service reported.	, , ,	
4a		Revenue \$)
	NAME IT CHANGE IT: A NONPARTISAN PROJECT OF SHE SHOUL		
	MEDIA CENTER, AND POLITICAL PARITY. TOGETHER, WE WORK MISOGYNISTIC COVERAGE OF WOMEN CANDIDATES BY ALL MEMB		
	FROM BLOGGERS TO RADIO HOSTS TO TELEVISION PUNDITS.	ERS OF THE PRES	, מנ
	TROM BEOGGERS TO RADIO HOSTS TO TELEVISION FONDITS.		
4b	(Code:) (Expenses \$ 60,281. including grants of \$) (i		
40	(Code:) (Expenses \$ 60,281. including grants of \$) (in NATIONAL COMMUNICATIONS: SHE SHOULD RUN WORKS TO BUIL	Revenue \$ D AWARENESS FOR	· ′
	THE NEED TO DRAMATICALLY INCREASE THE NUMBER OF WOMEN	SERVING IN PUE	3LIC
	LEADERSHIP POSITIONS. SHE SHOULD RUN WORKS TO REMOVE)
	THIS BY ASKING PEOPLE TO ENCOURAGE WOMEN, REGARDLESS	OF PARTY, THAT	
	THEY RESPECT TO CONSIDER SERVING AS A PUBLIC LEADER.		
	42.025		
4c	(code:) (Expenses \$43,825. including grants of \$) (including grants of \$] (including grants of \$] (including grants of \$) (including grants of \$) (including grants of \$]	Revenue \$ BIIN ΔRF BIITI.)
	KEY RESEARCH FINDINGS. SHE SHOULD RUN CONDUCTS RESEAR		
	INCLUDING, SEXISM IN THE MEDIA AND LEVELS OF INSTITUT		
	IN WOMEN SEEKING PERSONAL AND PUBLIC LEADERSHIP POSIT	IONS.	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 113,406 · including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 288,271.		
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Part IV	Checklist of F	Require	d Schedule	es

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	~~~~	
b	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a		13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
~	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20	complete Schedule G, Part III	19 20a		A X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
U U			000	

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21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and 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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		x
24a	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 25</i>	24a		x
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
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 of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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> " <i>Yes</i> ," <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		х
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 "Yes," complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Yes

No

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Part IV Checklist of Required Schedules (continued)

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
			6		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		*			
C	(gambling) winnings to prize winners?			1c	x	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		IC.		
Za	filed for the calendar year ending with or within the year covered by this return	2a	5			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	x	
D.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х
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	Αссοι	unts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		•			Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the user, pay premiume directly or indirectly on a personal benefit each			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			/11		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	,	5 ,			
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L.	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1			
~	Enter the amount of reserves on hand	13D				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		<u> </u>
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Π	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 cont:	ains a response to an	y question in this Part VI
	and a reepende te an	

X

			Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	0	1.00	
	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.			
		0		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		T
	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		
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	·		+
	Did the organization become aware during the year of a significant diversion of the organization's assets?	•		+
	Did the organization have members or stockholders?	· – – –		╉
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	· •		╉
		7a		
	more members of the governing body?	. 7a		╉
D		7b		
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	. 70		+
		8a	x	1
	The governing body? Each committee with authority to act on behalf of the governing body?		X	╉
		uo .		╉
	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		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 9	-	╉
	ION D. TONCIES (This Section D requests information about policies not required by the internal neverale code.)		Yes	
00	Did the organization have local chapters, branches, or affiliates?	10a	-	+
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	. 10a		╉
		104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		┥
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Tia	- 23	+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	x	1
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			╉
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		+
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
。	in Schedule O how this was done	12c	X	╉
	Did the organization have a written whistleblower policy?		X	╉
	Did the organization have a written document retention and destruction policy?	. 14		+
	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?		v	
	The organization's CEO, Executive Director, or top management official			+
	Other officers or key employees of the organization	. 15b		+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		+
	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		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE	· ··		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	v) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			
_	Own website Another's website Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fina	Incial	
	statements available to the public during the tax year.	-		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation:	▶_	
	BETSY MULLINS, PRESIDENT/CEO - (202) 393-8164			
	1900 L STREET, NW, NO. 500, WASHINGTON, DC 20036			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

(D)

(. .

• 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.

 $\langle \alpha \rangle$

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 $\mathbf{Y}_{\mathrm{SR}} = 1$

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(10		Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	wook		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	dire				p		organization	(W-2/1099-MISC)	from the
	related	ee oi	stee			nsat		(W-2/1099-MISC)		organization
	organizations	trust	al tru		oyee	admo				and related
	below	idual	In stitutional trustee	5	mplq	est co o yee	er			organizations
	(list any hours for related organizations below line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) GEORGIA BERNER	5.00									
CHAIR		x		х				0.	0.	0.
(2) ELSA LIMBACH	5.00									
VICE CHAIR		x		х				0.	0.	0.
(3) MARGARET KAVALARIS	5.00									
CHAIR EMERITUS		x		х				0.	0.	0.
(4) RICK DIEGEL	2.00									-
DIRECTOR		x						0.	0.	0.
(5) LAUREN EMBREY	2.00							•••	•••	
DIRECTOR		x						0.	0.	0.
(6) SARAH FINLAYSON	2.00									
DIRECTOR		x						0.	0.	0.
(7) WENDY MACKENZIE	2.00									
DIRECTOR		x						0.	0.	Ο.
(8) WINSOME MCINTOSH	2.00									
DIRECTOR		X						0.	0.	0.
(9) DEBORAH MCMANUS	2.00									
DIRECTOR		X						0.	0.	0.
(10) SUSAN WALLACE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) SIOBHAN BENNETT	17.00									
PRESIDENT/CEO	1 - 00			Х				45,686.	0.	2,187.
(12) YELENA BAKALEVA	17.00							00 444		0
<u> </u>				X				29,444.	0.	0.
					-					
					-					
		1								
232007 12-10-12	1					•		1		Form 990 (2012)
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Form 990 (2										20-4	210	843	P	age 8
Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	ar	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	ipensa rom th janizat d relat anizati	e :ion :ed
16 Cub 4	atal								75,130.		0.		2,1	87
	otal from continuation sheets to Part V								0.		0.		2,1	07.
	(add lines 1b and 1c)								75,130.		0.		2,1	87.
2 Total	number of individuals (including but r	not limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100),000 of reportab	le			
comp	ensation from the organization 🕨												Yes	0 No
	e organization list any former officer, a? If "Yes." complete Schedule J for s								highest compensated e			3	163	X
4 For an and re	ny individual listed on line 1a, is the su plated organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and edule	d ot e <i>J 1</i>	her compensation from for such individual	the organization		4		x
	ny person listed on line 1a receive or a receive or a red to the organization? <i>If</i> "Yes," <i>con</i>								ted organization or indiv			5		x
	Independent Contractors			0/ 30		00/3						5		
	lete this table for your five highest co ganization. Report compensation for										npens	ation	from	
	(A) Name and business			ONE					(B) Description of s		С)(ompe	C) nsatio	n
								_						
0 Tata	number of independent	including but	o+ 15	mit -	d +-	+6-	00 11			acro than				
	number of independent contractors (000 of compensation from the organi	•	ot II	nitë	u (0		se IIS D	stec	a above) who received h	iore than				
												Form	990 (;	2012)

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Ра	rt VI		ony question i	n this Dort VIII			
		Check if Schedule O contains a response to	any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Gifts, Grants Ilar Amounts	b C	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts	f	Noncash contributions included in lines 1a-1f: \$	97,223. <u>1,120</u> .				
<u>a</u> O	h	Total. Add lines 1a-1f		497,223.			
Program Service Revenue	2 a b	۰ T	Business Code				
am Se	c						
ogr	e						
P	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	►				
	3 4	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pro		177.			177.
	5	Royalties	· · ·				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
	c	Net rental income or (loss)	🕨				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
anue		Gross income from fundraising events (not including \$ of					
Other Revenue		contributions reported on line 1c). See Part IV, line 18 a					
ot		b Less: direct expenses b					
		Net income or (loss) from fundraising events Gross income from gaming activities. See	🕨				
	50	Part IV, line 19 a					
	b	b Less: direct expenses b					
		Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
	b	b Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory					
			Business Code	1 696			1 595
		·	900099	1,575.			1,575.
	b						
	c						
	c	I All other revenue		1,575.			
	12	Total revenue. See instructions.		498,975.	0.	0.	1,752.
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Form 990 (2012)

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Part IX Statement of Functional Expenses Section 501(c)(2) and 501(c)(4) progenizations must complete all columns. All other organizations must complete column (A)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		1	<u> </u>	1
•	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,				
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	,				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	79,504.	44,607.	22,786.	10 111
-	trustees, and key employees	79,504.	44,007.	22,700.	12,111.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	004 000	116 050	EC 201	21 504
7	Other salaries and wages	204,060.	116,252.	56,304.	31,504.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,852.	14,570.	11,198.	4,084. 3,018.
10	Payroll taxes	19,511.	11,364.	5,129.	3,018.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	6,220.		6,220.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	9,963.	8,193.	1,770.	
12	Advertising and promotion	-		-	
13	Office expenses	26,876.	11,999.	13,165.	1,712.
14	Information technology	34,558.	28,368.	5,266.	924.
15	Royalties	,	,	,	
16	Occupancy	51,148.	22,484.	22,510.	6,154.
17	Travel	2,160.	1,435.	678.	47.
18	Payments of travel or entertainment expenses	2,2001			
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings	10,136.	7,456.	2,633.	47.
19 20		10,100	,,=50•	2,055•	±/•
20 21	Interest Paymonte to affiliatos				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22					
23 24	Insurance Other expenses. Itemize expenses not covered				
24	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.)				
-	TEMPORARY HELP	38,377.	21,327.	17,050.	
a b	MISCELLANEOUS	4,445.	21,327.	4,229.	
-			210.		
C d					
d					
	All other expenses	<u>516 010</u>	200 271	160 020	E0 C01
25	Total functional expenses. Add lines 1 through 24e	516,810.	288,271.	168,938.	59,601.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
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Form 990			SHOULD	RUN	
Part X	Balance Sheet	t			

		Check if Schedule O contains a response to any	/ question in this F	Part X			
		· · · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			19,952.	1	45,138.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			31,807.	3	8,326.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as d	efined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and	d contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) volur	ntary			
		employees' beneficiary organizations (see instr).	Complete Part II	of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ase	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,982.	9	5,982.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,684.			
	b	Less: accumulated depreciation	10b	0.	21,684.	10c	21,684.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,727.	15	28,805.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		95,152.	16	109,935.
	17	Accounts payable and accrued expenses			13,439.	17	46,057.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete I	Part IV of Schedul	e D		21	
Liabilities	22	Loans and other payables to current and former					
.iat		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24). Complete	Part X of			
		Schedule D			13,439.	25	16 057
	26	Total liabilities. Add lines 17 through 25		······	13,439.	26	46,057.
		Organizations that follow SFAS 117 (ASC 958		L▲ and			
ces	07	complete lines 27 through 29, and lines 33 and lines 44 and 10 and			65,055.	07	-65,880.
llan	27	Unrestricted net assets			16,658.	27	129,758.
Fund Balances	28	Temporarily restricted net assets			10,050.	28 29	125,750.
pun	29	Permanently restricted net assets	SC 059) abaak b			29	
Ē		-	30 956), check h				
o și	20	and complete lines 30 through 34.				20	
sei	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				30 31	
Net Assets or	31					32	
Net	32	Retained earnings, endowment, accumulated in Total net assets or fund balances			81,713.	32 33	63,878.
	34	Total liabilities and net assets/fund balances			95,152.	33	109,935.
	107					54	Form 990 (2012)

Form **990** (2012)



Part XI Reconciliation of Net Assets Check If Schedule O contains a response to any question in this Part XI 1 Total expenses (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 -17, R355. 4 81, 713. 5 5 6 -17, R355. 7 88 renue less expenses. Subtract line 2 from line 1 8 -17, R355. 9 Net unrealized gains (losses) on investments 6 5 7 -17 8 7 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances to any question in this Part XI 9 Check If Schedule O contains a response to any question in this Part XI 9 Check If Schedule O contains a response to any question in this Part XI 9 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepa	Form	990 (2012) SHE SHOULD RUN	20-	-4210843	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 498, 975. 2 Total expenses (must equal Part IX, column (A), line 25) 2 516, 810. 3 Revenue less expenses. Subtract line 2 from line 1 3 -17, 835. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 81, 713. 5 6 6 6 6 7 8 6 6 6 7 8 8 9 0. 8 9 0. 9 0.ter changes in net assets or fund balances (explain in Schedule O) 9 0. 0 0 0 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 63, 878. 0 63, 878. Part XII Financial Statements and Reporting	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 516 / 810. 3 Revenue less expenses. Subtract line 2 from line 1 3 -17 / 835. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 81 / 713. 5 Investment expenses 6 7 7 7 7 8 6 7 9 0. 9 0. 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 63 , 878. Part XII Financial Statements and Reporting 10 63 , 878. Check if Schedule O contains a response to any question in this Part XII 10 63 , 878. Part XII Financial Statements compiled or reviewed by an independent accountant? 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 The organization's financial statements compiled or reviewed by an independent accountant? 2a X X 11 Accounting method used to prepare the form 900: Cash X Accrual Other </th <th></th> <th>Check if Schedule O contains a response to any question in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response to any question in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 516,810. 3 Revenue less expenses. Subtract line 2 from line 1 3 -17,835. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 81,713. 5 Net unrealized gains (losses) on investments 5 6 7 6 7 7 8 8 9 0. 9 0. 9 0. 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)) 63,878. Part XII Financial Statements and Reporting 7 10 63,878. Check if Schedule 0 contains a response to any question in this Part XII 7 10 63,878. 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other. 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<						
3 Revenue less expenses. Subtract line 2 from line 1 3 -17,835. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 81,713. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 7 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 63,878. Part XII Financial Statements and Reporting 7 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 11 The organization changed its method of accounting from a prior year or checked and separate basis 0 2a X 11 Theces, "check a box below to indicate whether the financi	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 81,713. 5 Net unrealized gains (losses) on investments 5 6 0 7 7 8 8 7 7 7 8 7 7 9 0ther 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 63,878. Part XII Financial Statements and Reporting 10 63,878. 7 Check if Schedule O contains a response to any question in this Part XII 10 63,878. 9 Check if Schedule O contains a response to any question in this Part XII 10 63,878. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yees No to indicate	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 7 6 8 Prior period adjustments 8 9 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, colurm (B)) 63 , 878 . Part XII Financial Statements and Reporting 6 7 Check if Schedule O contains a response to any question in this Part XII 10 63 , 878 . 9 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 63,878. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII I Accounting method used to prepare the Form 990: Cash X Account ig method or accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit A as a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or au	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81	.,7	13.
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)) 63,878. Part XII Financial Statements and Reporting 10 63,878. Check if Schedule O contains a response to any question in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its fin	5	Net unrealized gains (losses) on investments	5			
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)) 63,878. Part XIII Financial Statements and Reporting 0 63,878. Check if Schedule O contains a response to any question in this Part XI 10 63,878. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a bas below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the che as a set basis Consolidated basis Both consolidat	6	Donated services and use of facilities	6			
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 63,878. Part XII Financial Statements and Reporting	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 63,878. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 63,878. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Image: Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the check a box below to indicate whether the financial statements and selection of an independent ac	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response to any question in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the key a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c 2c 2c 2c 2c		column (B))	10	63	3,8	78.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X 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 separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 16 <t< th=""><th></th><td>Check if Schedule O contains a response to any question in this Part XII</td><td></td><td><u></u></td><td></td><td></td></t<>		Check if Schedule O contains a response to any question in this Part XII		<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Definition's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Definition's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Definition of its financial statements audited basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Definition of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a X If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Yes	No
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: consolid		Separate basis Consolidated basis Both consolidated and separate basis				
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 Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,		
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X 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 required audit Image: Content of the organization of the required audit Image: Content of the organization of the required audit		review, or compilation of its financial statements and selection of an independent accountant?		2c		
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 required audit Image: Control of the organization of the required audit		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	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 Au	ıdit		
						Х
ex sudite explain why in Schedule O and describe any stand taken to underge such sudite	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2012)

232012 12-10-12



SCHEDULE A

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.

Internal	Rever	nue Service	► At	tach to Form 990 or Fo	rm 990-E	Z. 🕨 See	separate	instructio	ons.		Insp	ection	
Name	e of t	the organizati	on							Employer	identificat	ion nu	mber
				ULD RUN							0 - 4210	843	5
Par	tl	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	tructions				
The o	rgan	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170)(b)(1)(A)(i)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з [A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4 [A medical res	earch organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)	(iii). Enter	the hospita	ıl's nan	ne,
_		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	/ a governi	mental u	nit describ	oed in		
_		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 L	X	An organizati	on that normally rec	eives a substantial part	of its supp	port from a	governme	ental unit c	or from th	ne general	public des	cribed	in
-		•	b)(1)(A)(vi). (Comple	,									
8				ection 170(b)(1)(A)(vi).									
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	s support f	rom contr	ibutions, m	nembers	hip fees, a	nd gross re	eceipts	from
		activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ions, and (2) no more	e than 33 1	1/3% of i	ts support	from gross	s inves	tment
		income and ι	inrelated business t	axable income (less sect	tion 511 ta	ax) from bu	sinesses	acquired b	y the or	ganization	after June	30, 197	75.
-		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and o	perated exclusively to te	st for publ	lic safety. S	See sectio	on 509(a)(4	4).				
11 L		An organizati	on organized and o	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to ca	rry out the	e purposes	of one	or
		more publicly	supported organization	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 50	9(a)(3). Ch	eck the bo	k that	
		describes the	e type of supporting	organization and comple		-							
г		a 📖 Type I	b 📖 T <u>y</u>	ype∥ c∟Ty	ype III - Fu	nctionally	integrated	l c	∎∟⊥ту	rpe III - No	n-functiona	lly inte	grated
e└		, ,		at the organization is not			•				•		
		foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 5	09(a)(1) or	section 50	9(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS the	at it is a Ty	ре I, Туре	e II, or Type	e III				
			ganization, check th										. 🗀
g				organization accepted ar								—	
				lirectly controls, either al								Yes	No
				upported organization?									<u> </u>
				n described in (i) above?									
				person described in (i) o							11g(iii)	
h		Provide the f	ollowing information	about the supported or	ganization	(S).							
		<i>c</i> , , ,			(iv) le the (organization	(v) Did vo	u notify the	(vi)	Is the	/ /		
(i) N		of supported	(ii) EIN			sted in your		tion in col.	organiza	Is the tion in col.	(vii) Amour		netary
	urya	anization		above or IRC section		document?		r support?	u) organ	ized in the .S.?	su	oport	
				(see instructions))	Yes	No	Yes	No	Yes	No			

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12



OMB No. 1545-0047

Open to Public

Schedule A (Form 990 or 990-EZ) 2012 SHE SHOULD RUN Part II Support Schedule for Organizations Desc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	167,425.	113,012.	309,993.	543,874.	497,223.	1631527.
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 \dots						
4	Total. Add lines 1 through 3	167,425.	113,012.	309,993.	543,874.	497,223.	1631527.
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)						795,050.
	Public support. Subtract line 5 from line 4.						836,477.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009 113,012.	(c) 2010 309,993.	(d) 2011	(e) 2012	(f) Total 1631527.
7	Amounts from line 4	167,425.	113,012.	309,993.	543,874.	497,223.	1631527.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	592.	374.			177.	1,143.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1 851	C1 2	405	1 595	1 266
	assets (Explain in Part IV.)		1,751.	613.	427.	1,575.	4,366.
	Total support. Add lines 7 through 10						1637036.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
800	organization, check this box and stop ction C. Computation of Publ	here	roontago				
						44	51.10 %
	Public support percentage for 2012 (I		-			14 15	<u> </u>
	Public support percentage from 2011						,-
10a	33 1/3% support test - 2012. If the c	-					► X
h	stop here. The organization qualifies33 1/3% support test - 2011. If the organization		-		line 15 is 22 1/20/		·····
U	and stop here. The organization qual						
170	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac						
	-			-	-	-	
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	-	-	• • • • •			
b	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						s S
.0	ato roundation in the organizatio	and not one on a		a, 100, 17a, 01 17k		dulo A (Form 000	

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12



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

(Complete only if you checked the box on line 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.)

	Gifts, grants, contributions, and						
I							
	membership fees received. (Do not						
i	include any "unusual grants.")						
ו 1 ג	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 (Gross receipts from activities that are not an unrelated trade or bus-		-				
i	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to						
(or expended on its behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b / 1	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
(;; ;	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
(Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11 ; ,	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	I			
	First five years. If the Form 990 is for	-			•		
	check this box and stop here						····· 🕨
	•		-	1 (6)			
	Public support percentage for 2012 (li						
	Public support percentage from 2011					16	
	tion D. Computation of Inves		-			1 1	
	Investment income percentage for 20						
	Investment income percentage from 2						
	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2011. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3	3%, and
1	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The orga	anization qualifies	as a publicly sup	ported organiza	tion 🕨
						actructiona	
	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check ti	his box and see ir	Istructions	

and Part III, Ine 12. Also complete this part for any additional information. (See instructions). SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2009 AMOUNT: \$ 1,751. 2010 AMOUNT: \$ 613. 2011 AMOUNT: \$ 427. 2012 AMOUNT: \$ 1,575.										
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2009 AMOUNT: \$ 1,751. 2010 AMOUNT: \$ 613. 2011 AMOUNT: \$ 427.										
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SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2009 AMOUNT: \$ 1,751. 2010 AMOUNT: \$ 613. 2011 AMOUNT: \$ 427.										
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2009 AMOUNT: \$ 1,751. 2010 AMOUNT: \$ 613. 2011 AMOUNT: \$ 427.										
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2009 AMOUNT: \$ 1,751. 2010 AMOUNT: \$ 613.	2012 AM	OUNT :	\$ 1,5	75.						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2009 AMOUNT: \$ 1,751.	2011 AM	OUNT :	\$ 427	•						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE	2010 AM	OUNT :	\$ 613	•						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:			1,7	51.						
			,		,		 	 	 	
						-			ъ.	

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

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20-4210843

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X 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.

□ 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., contributions of \$5,000 or 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 Part I, line 2 of its Form 990-PF, 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) (2012)

Employer identification number

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2012)
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Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

20-4210843

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 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (b)
 (c)

 Name, address, and ZIP + 4
 Total contributions

		\$70,000.	Person X Payroll Image: Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$62,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 3 </u>		\$58,702.	Person X Payroll Noncash (Complete Part II if there is a noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$31,120.	Person X Payroll Noncash X (Complete Part II if there is a noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll D

Schedule B (Form 99	0, 990-EZ, or	990-PF) (2012)
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Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

20-4210843

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 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (b)
 (c)

 Name, address, and ZIP + 4
 Total contributions

7		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ <u>20,000.</u>	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$ <u>17,256.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 12</u>		\$ <u>10,000</u> .	Person X Payroll
223452 12-2	19		COPY
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Schedule B	(Form	990,	990-EZ,	or 990-	PF) (2012)
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Name of organization

Employer identification number

Person Payroll

Noncash

(d)

(d)

X

20-4210843

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 10,000. \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14

			Person X Payroll Noncash (Complete Part II if there is a noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
			Person Payroll Noncash (Complete Part II if there is a noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
			Person Payroll Noncash (Complete Part II if the is a noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$	Person Payroll Noncash (Complete Part II if the

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

Page **3**

Employer identification number

20-4210843

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	DINNER CATERING		
	DINNER CRIEKING		
		\$1,120.	04/02/12
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		—	
23453 12-21-12		\$Schedule B (Form 9	90, 990-EZ, or 990-PF)
	21		CODV

art III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if additior	the following line entry. For organization to section 50 (c tc., contributions of \$1,000 or less for the space is needed.	ns completing Part II the year. _{(Enter this inform}	I, enter lation once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4		of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee

SCHEDULE	D
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Inspection

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12

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization SHE SHOULD RUN		Employer identification number 20-4210843
Pa		Funds or Other Similar Funds o	
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grapte from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	l riting that the assets held in donor advised	funds
5	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
0	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		š — —
Pa			
1			
	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or ed		vicelly important land area
	Protection of natural habitat	Preservation of a certifie	rically important land area
		Preservation of a certifie	a historic structure
0	Complete lines 2a through 2d if the organization held a qualifie	d concernation contribution in the form of	a concernation accoment on the last
2			a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
-	Takel such as of a successful and a successful		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic struct		
a	Number of conservation easements included in (c) acquired af	-	
~	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	rganization during the tax
	year ►	surrout in Innerted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, a Amount of expenses incurred in monitoring, inspecting, and er		
7	Does each conservation easement reported on line 2(d) above		
8	,		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organization	on s financial statements that describes the	e organization's accounting for
Pa	t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
1 41	Complete if the organization answered "Yes" to Form 9		
10	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art
Ia	historical treasures, or other similar assets held for public exhit		
	the text of the footnote to its financial statements that describe		e of public service, provide, in Part All,
h	If the organization elected, as permitted under SFAS 116 (ASC		nd balanco shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, edu		
	· · · · · · · · · · · · · · · · · · ·	ication, or research in furtherance of public	service, provide the following amounts
	relating to these items:		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		• • •
0	If the organization received or held works of art, historical treas		
2			an, provide
-	the following amounts required to be reported under SFAS 116		
a L	, , ,		Þ. Þ.
a	Assets included in Form 990, Part X		> •
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990	Schedule D (Form 990) 2012
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12-10-	12	23	CODV
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Sche	dule D (Form 990) 2012 SHE SHO	ULD RUN						20-42	1084	3 Page
Pa	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures, c	or Othe	r Simila	ar Asse	ts(contir	nued)
3	Using the organization's acquisition, accessi	ion, and other record	ds, che	ck any of the	following that	t are a sig	gnificant	use of its	collectio	n items
	(check all that apply):			1						
а	Public exhibition	c	ı ل		hange progra					
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how	they further t	he organizatio	on's exen	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, I	historical trea	sures, or othe	er similar	assets		-	
	to be sold to raise funds rather than to be m								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if th	ne organizatio	n answered "	'Yes" to F	⁻ 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	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amoun	t
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T Oo	Ending balance Did the organization include an amount on F	orm 000 Dart V line					1f		Yes	
	If "Yes," explain the arrangement in Part XIII.									
Pa										
		(a) Current year		Prior year	(c) Two year			ears back	(a) Fou	r vears back
1a	Beginning of year balance	(a) ourient year		Thorycai			uj 11100 j	burb buon	(0) + 0 u	youro buon
h	Contributions									
c c	Net investment earnings, gains, and losses									
о Ь	Grants or scholarships									
e	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line	1g, column (a	a)) held as:	I				
а	Board designated or quasi-endowment	,	%	0, (
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 organiz	ation th	hat are held a	nd administe	red for th	ie organiz	zation	_	
	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 o	on Sche	edule R?					3b	
4	Describe in Part XIII the intended uses of the	<u>u</u>								
Pai	t VI Land, Buildings, and Equipm			X, line 10.						
	Description of property	(a) Cost or c basis (investr			or other (other)	. ,	cumulate reciation	ed	(d) Boo	k value
1a	Land		,		. ,					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			2	1,684.				2	1,684
	Add lines 1a through 1e. (Column (d) must e		X, colu							1,684
			,	. // .				<u> </u>		, 000) 201

Schedule D (Form 990) 2012

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Schedule D		990)	2012
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	Investments - Other Securities. See	Form 990, Part X, li (b) Book value		valuation: Cost or on	d-of-year market value
. ,			(C) Method of	valuation. Cost or en	id-oi-year market value
	cial derivatives				
	y-held equity interests				
3) Other					
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VI	II Investments - Program Related. See	e Form 990, Part X,	line 13.		
	(a) Description of investment type	(b) Book value		valuation: Cost or en	id-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	(b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX		15. Description			(b) Book value
	UE FROM AFFLIATE	Description			28,805.
(1)	OE FROM AFFEIAIE				20,005.
(2)					
(3)					
(4)					
(6)					
(7)					
(8)					
(9)					
(10)					
	lumn (b) must equal Form 990, Part X, col. (B) line	15.)			28,805.
Part X	Other Liabilities. See Form 990, Part X, lin				
1.	(a) Description of liability		(b) Book value		
(1) Fe	deral income taxes			7	
(2)				7	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)				_	
	lumn (b) must equal Form 990, Part X, col. (B) line				
2. FIN 48	3 (ASC 740) Footnote. In Part XIII, provide the text	t of the footnote to t	he organization's financ	ial statements that re	ports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

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232053 12-10-12

Sche	dule D (Form 990) 2012 SHE SHOULD RUN		20-4210843 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reve	
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	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
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		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	enses per Return
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>.)</u>	
Pa	rt XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b; Part V, line 4; Part

Complete this part to 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.

Schedule D (Form 990) 2012

232054 12-10-12



Internal Revenue Service ▲ Attach to Form 990. See separate instructions. Inspective Name of the organization Employer identifica 20-42108 Part I Questions Regarding Compensation 20-42108 Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		
SHE SHOULD RUN 20-42108 Part I Questions Regarding Compensation	3	
Part I Questions Regarding Compensation	1	No
	Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
 b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 	x	x
 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Compensation committee 		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		x
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 		X
 c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 		x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 		
a The organization? 5a		X
b Any related organization? 5b		X
 If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 		
a The organization?6a		X
b Any related organization?6b		X
If "Yes" to line 6a or 6b, describe in Part III.		
 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 		x
		x
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Formattion	1 m 990) 2012

232111 12-10-12



Schedule J (Form 990) 2012

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenta		in prior Form 990
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(ii)							
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232112 12-12-12 20-4210843

Part III Supplemental Information

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

PART I, LINE 1A: SIOBHAN BENNETT, PRESIDENT/CEO, RECEIVES AN ADDITIONAL

NON-TAXABLE \$600 EACH MONTH FOR HER EXPENSES.

Schedule J (Form 990) 2012



SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Open to Public

1

Inspection

OMB No. 1545-0047

SHE SHOULD RUN

Employer identification number 20 - 4210843

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

SHE SHOULD RUN CONDUCTS ACTION-ORIENTED RESEARCH AND PILOTS TARGETED

PROGRAMS THAT PREPARE WOMEN TO BECOME MORE POLITICALLY ACTIVE, INCREASE

THEIR ENGAGEMENT IN KEY POLITICAL PROCESSES, AND READY THEM FOR PUBLIC

LEADERSHIP ROLES. AT SHE SHOULD RUN, WE NOT ONLY IDENTIFY BARRIERS TO

WOMEN'S POLITICAL EQUALITY - WE FIND SOLUTIONS.

FORM 990, PART III, LINE 4D, **OTHER PROGRAM SERVICES:**

VWYP

EXPENSES \$ 34,189. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FELLOWSHIP

EXPENSES \$ 28,437. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NATIONAL CONVERSATION

INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 11,616.

NATIONAL AWARENESS

EXPENSES \$ 9,487. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAINING

EXPENSES \$ 6,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 23,677. INCLUDING GRANTS OF \$ 0. REVENUE Ś 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13 30 СОЧ

SHE SHOULD RUN

Name of the organization

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FEDERAL FORM 990 IS REVIEWED BY THE PRESIDENT/CEO, SENIOR STAFF AND OUTSIDE COUNSEL AND THEN PRESENTED TO WCF'S ENTIRE GOVERNING BODY. AFTER THEY HAVE REVIEWED IT, THE EDITS ARE SUBMITTED TO THE PREPARER. THE FINAL DRAFT FEDERAL FORM 990 IS REVIEWED BY THE PRESIDENT/CEO AND SENIOR STAFF TO ENSURE THAT ALL EDITS ARE CAPTURED PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: WHEN A NEW BOARD OF DIRECTOR JOINS SHE SHOULD RUN, THEIR RELATIONS WITH OTHER ORGANIZATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS' NOMINATING COMMITTEE IN A VIGOROUS REVIEW PROCESS. THIS REVIEW INCLUDES DETERMINING WHETHER OR NOT THE INDIVIDUAL HAS ANY POTENTIAL CONFLICT OF INTEREST ISSUES. FOR EMPLOYEES, A SIMILAR REVIEW IS CONDUCTED BY THE EXECUTIVE OFFICERS, WITH REFERRAL TO THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE IF REQUIRED, TO ASCERTAIN ANY CONFLICTS FROM EXTERNAL ACTIVITIES OR TIES. AS A PROCEDURE, WHEN NEW MAJOR CONTRACTS ARE SIGNED THROUGH THE YEAR, THEY ARE PRESENTED TO THE BOARD OF DIRECTORS TO ENSURE NO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A: AN ANNUAL COMPENSATION REVIEW FOR THE PRESIDENT/CEO IS DONE BY A SPECIALLY APPOINTED BOARD COMMITTEE WITH WRITTEN INPUT FROM THE BOARD OF DIRECTORS AND STAFF WITH THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE DETERMINING ANY RAISES AND ADDITIONAL REIMBURSEMENTS NEEDED ANNUALLY.

KEY EMPLOYEES' COMPENSATION IS DETERMINED AND APPROVED BY THE

PRESIDENT/CEO. THE INFORMATION IS INCLUDED IN THE ANNUAL BUDGET APPROVED BY

THE BOARD OF DIRECTORS.

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2			
Name of the organization SHE SHOULD RUN	Employer identification number			
SHE SHOULD RUN	20-4210843			

FORM 990, PART VI, SECTION C, LINE 19: SHE SHOULD RUN MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, GOVERNING DOCUMENTS ARE SENT TO THE STATES WHERE SHE SHOULD RUN IS REGISTERED TO FUNDRAISE.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Partli	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
	Enter filer's identifying number, se					
Type or	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or				
due date for filing your return. See instructions.	She Should Run	20-4210843				
	Number, street, and room or suite no. If a P.O. box, see instructions. 1900 L Street, NW, No. 500	Social security number (SSN)				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20036					

			1	Ĩ
Enter the Return code for the return that this application is for (file a separate application for each return)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	_

Application	Return	Application				Return
Is For		Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				<u>11</u>
Form 990-T (trust other than above)	06	Form 8870				12
STOP! Do not complete Part II if you were not already granted		natic 3-month extension on a previous	sly file	d Forn	<u>1 8868.</u>	
Yelena Bakaleva	a 🛛					
• The books are in the care of ▶ <u>1900 L Street</u> ,	NW, 1	No. 500 - Washington	, D(<u>2</u> 20)036	
Telephone No. ► (202) 393-8164		FAX No. 🕨				
• If the organization does not have an office or place of business	s in the Ur	ited States, check this box			🕨	
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If this	s is for	the wi	nole group	, check this
box . If it is for part of the group, check this box .	and atta	ch a list with the names and EINs of all I	memb	ers the	extension	is for.
4 I request an additional 3-month extension of time until	lovem	<u>per 15, 2013</u>				
5 For calendar year 2012 , or other tax year beginning		, and ending				<u> </u> .
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final re	əturn		
Change in accounting period						
7 State in detail why you need the extension						
Additional time is needed to o	gathe	r information necess	ary	to	file	a
complete and accurate return.						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$		0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid				
previously with Form 8868.			8b	\$		0.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$		0.
Signature and Verificat	ion mu	st be completed for Part II only	/.			
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this for	ing accomp orm.	panying schedules and statements, and to the	best of	i my kn	owledge and	d belief,
Signature RHA Title C	CPA		Date		8-12-	13

Form 8868 (Rev. 1-2013)