

Form 9

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service For the 0000 colors downed

AF	For the	e 2020 calendar year, or tax year beginning and e	ending					
B a	Check if applicabl	e: C Name of organization		D Employer identifie	cation number			
	Addre chang	SHE SHOULD RUN						
	Name chang		20-42108	43				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,			
	Final return		(202) 79					
	termin ated		G Gross receipts \$	1,260,489.				
	Amen	WASHINGION, DC 20003		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: ERIN LOOS CUTRARO		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: 🗴 501(c)(3) 🗌 501(c) () ┥ (insert no.) 🗌 4947(a)(1) o	or 📃 527	If "No," attach a	list. See instructions			
		te: WWW.SHESHOULDRUN.ORG		H(c) Group exemption				
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2005 N	State of legal domicile: DC			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: SHE	SHOULD	RUN IS A NO	DNPARTISAN			
Governance		NONPROFIT PROMOTING WOMEN'S LEADERSHIP AND						
ernä	2	Check this box Image: Check this box						
Š	3				<u> 12</u> 12			
ంర		Number of independent voting members of the governing body (Part VI, line 1b)						
Activities		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		<u> </u>				
tivit		Total number of volunteers (estimate if necessary)		0.				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year			
		Contributions and grants (Dart) (III line 1b)		970,509.	1,228,610.			
ani	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		38,777.	30,752.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,445.	1,127.				
Re	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3, 59					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u>1,260,489.</u> 0.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
ß	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		685,843.	863,736.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
per	. ь	Total fundraising expenses (Part IX, column (D), line 25))2.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		331,728.	303,390.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,017,571.	1,168,575.			
	19	Revenue less expenses. Subtract line 18 from line 12		-1,241.	91,914.			
20 Sec			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,035,502.	1,193,761.			
Net Assets or	21	Total liabilities (Part X, line 26)		40,255.	106,600.			
		Net assets or fund balances. Subtract line 21 from line 20		995,247.	1,087,161.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				

Sign	Signature of officer			Date						
Here	ERIN LOOS CUTRARO, FOU	NDER & CEO								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	AMANDA ADAMS			self-employed P00748038						
Preparer	Firm's name 🍗 CHERRY BEKAERT L			Firm's EIN 🕨 56-0574444						
Use Only	Firm's address 🖌 1075 PEACHTREE S	TREET NE, SUITE 2200								
	ATLANTA, GA 30309 Phone no. 404 - 209 - 0954									
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No						
032001 12-2	3-20 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SHE SHOULD RUN IS A NONPARTISAN NONPROFIT PROMOTING WOMEN'S LEADERSHIP
	AND ENCOURAGING WOMEN FROM ALL WALKS OF LIFE TO RUN FOR ELECTED OFFICE AT ALL LEVELS. SHE SHOULD RUN IS DRIVEN BY A VISION OF SEEING 250,000
	AT ALL LEVELS. SHE SHOULD RUN IS DRIVEN BY A VISION OF SEEING 250,000 WOMEN RUN FOR OFFICE BY 2030.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 464,807. including grants of \$) (Revenue \$ 30,752.)
	NATIONAL AWARENESS AND EDUCATION INCLUDES 1) THE SHE SHOULD RUN
	COMMUNITY, AN ONLINE EDUCATIONAL RESOURCES & NETWORKING HUB FOR WOMEN
	2) ROLE CALL, AN INTERACTIVE TOOL THAT HELPS THE BROADER PUBLIC LEARN
	THEIR ROLE IN EQUAL REPRESENTATION 3) LIVE EVENTS & WEBINARS FEATURING
	WOMEN LEADERS AND ADDRESSING BARRIERS TO WOMEN'S LEADERSHIP. BY THE END
	OF 2020, WE HAD 121K+ FOLLOWERS ACROSS OUR SOCIAL MEDIA PLATFORMS, AND
	24,752 WOMEN IN THE SHE SHOULD RUN COMMUNITY.
4b	(Code:) (Expenses \$240,803. including grants of \$) (Revenue \$)
	SHE SHOULD RUN RECRUITS AND TRAINS WOMEN FROM ALL INDUSTRIES WITH THE
	GOAL OF MOVING WOMEN FROM THE VERY FIRST "CONSIDERATION" PHASE TO THE
	"TAKING ACTION" PHASE OF RUNNING FOR OFFICE. PRIMARY RECRUITMENT
	EFFORTS INCLUDE 1) LIVE RECRUITMENT & TRAINING EVENTS ADDRESSING
	BARRIERS TO WOMEN'S LEADERSHIP AND ENCOURAGING THEM TO JOIN THE SHE
	SHOULD RUN COMMUNITY 2) OUR ASK A WOMAN TO RUN TOOL THAT ALLOWS ANYONE
	(MEN AND WOMEN) TO NOMINATE A CARING WOMAN IN THEIR LIVES TO CONSIDER RUNNING FOR OFFICE. 3) PROFESSIONAL DEVELOPMENT OFFERINGS TO
	COMMUNITY/CORPORATE ORGANIZATIONS. BY THE END OF 2020, WE REACHED
	24,752 WOMEN IN OUR COMMUNITY.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 705,610.
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 Part IV
 Checklist of Required Schedules

1 0	Oneckilat of nequiled Schedules			<u> </u>
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candic	ates for		
	public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) elect	ion in effect		
	during the tax year? If "Yes," complete Schedule C, Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessm			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Sched	-		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," con			
U		·		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custod			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation server (19) and the D local to			x
10	If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V			X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII	, IX, or X		
	as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sch	nedule D,		<u></u>
	Part VI			<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its	total		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		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	<u>11c</u>		X
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets report	ted in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part	X 11f	Х	
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII		Х	
b	• Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a		44-		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$			
	or more? If "Yes," complete Schedule F, Parts I and IV			x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for a			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV			x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			
10				x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part I			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part V			v
	1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes	,		
_	complete Schedule G, Part III			X
20a				X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

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 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	· · · · · · · · · · · · · · · · · · ·	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'res,' complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	•		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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 contributions 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 services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring 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			
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	14-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		Δ
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a "	No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
						X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	·····		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	Iders, or			v
-	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-	v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			•		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_ A
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee	
10-				10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a		x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		11a		- 23
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
iza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$			120		
U		,		12c	х	
13	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?			13	x	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaone			
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990	-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨			
	ERIN CUTRARO - (202) 796-8396					
	80 M STREET SE, FLOOR 1, WASHINGTON, DC 20003					
022006	12, 23, 20			Form	990	(2020)

Form 990 (2	2020) SHE	SHOULD RUN	20-4210843	Page 7
Part VII	Compensation of Off	ficers, Directors, Trust	ees, Key Employees, Highest Compensated	
	Employees, and Inde	pendent Contractors		
	Check if Schedule O contai	ins a response or note to any	line in this Part VII	
Section A.	Officers, Directors, Trust	ees, Key Employees, and H	ighest Compensated Employees	
1a Comple	ete this table for all persons r	equired to be listed. Report o	compensation for the calendar year ending with or within the organization's	tax year.
 List a 	Il of the organization's curre	ent officers, directors, trustee	s (whether individuals or organizations), regardless of amount of compensa	ation.

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable Reportable				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation					
	week (list any							from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	ee or	Istee			insate		(W-2/1099-MISC)	(organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lns	0#0	Key	en Hig	For			
(1) ERIN LOOS CUTRARO	40.00								0	
FOUNDER/CEO	40.00			X				167,500.	0.	29,856.
(2) CHRISTINA SCOTT	40.00								0	10 401
CHIEF OF STAFF	_ _ 00					X		137,750.	0.	10,481.
(3) MARGARET H. KAVALARIS CHAIR	5.00	x		x				0.	0.	0.
(4) ELSA LIMBACH	5.00							Ŭ		<u>.</u>
SECRETARY		x		x				0.	0.	0.
(5) KATIA BEAUCHAMP	2.00									
DIRECTOR		х						0.	0.	0.
(6) RACHEL CHAMBERLAIN	2.00									
DIRECTOR		х						0.	0.	0.
(7) CYNTHIA GREEN COLIN	2.00									
DIRECTOR		х						0.	0.	0.
(8) LINDA FRANKENBACH	2.00									
DIRECTOR		Х						0.	0.	0.
(9) WENDY MACKENZIE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) FRANCISCO MARTIN-RAYO	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KENYA PIERRE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) SUSANNA SAMET	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JESS WEINER	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ALICIN WILLIAMSON	2.00									
DIRECTOR		X						0.	0.	0.
		-								

Form 990 (2020) SHE SHOUI	D RUN								20-42	2108	343	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,	<u> </u>			
(A) Name and title	(B) Average hours per week	Average Position (do not check more to box, unless person is				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	
	(list any hours for related bours for organizations bours for related bours for estantiations bours for estantiations bours for organizations bours for estantiations (W-2/1099-MISC) below bours for estantiations bours for estantiations bours for estantiations bours for estantiations bours for estantiations bours for estantiations ine bours for estantiations bours for estantiations bours for estantiations bours for estantiations bours for estantiations						I	fr org and	pensa om the anizati d relate inizatio	e ion ed			
								205 250		_		<u>, , , , , , , , , , , , , , , , , , , </u>	2 17
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							305,250. 0. 305,250.		0.0.),3:),3:	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 							o re		000 of reportable		4	J, J.	2
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	•		Ŭ			ſ	3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	satio	, on fr	om	any	unre	elate	ed organization or individ	lual for services		5		x
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for t										oensat	ion fro	m	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C omper		n
• Table weeks of tables at the table of the table of the table of tables at the table of tables at tables													
2 Total number of independent contractors (in \$100.000 of compensation from the organized strength of the organized streng	•	Jt IIN	IITEC	1 10 1	tnos C		req	above) who received mo	bre than				

		(2020			IOULD	RU	N			20-4210	843 Page 9
Pa	rt VI		Statement of Re	venu	le						
			Check if Schedule O	contai	ns a respo	onse	or note to any lin		(B)		
								(A) Total revenue	(D) Related or exempt	(C) Unrelated	(D) Revenue excluded
								rotarrovondo		business revenue	from tax under
	-										sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		derated campaigns				102 514				
Gra	k						103,514.				
ts,	c		ndraising events								
ilar İlar	C		lated organizations								
Sim's	e		vernment grants (contr								
er (Ť		other contributions, gifts,			1	125 096				
ei B			nilar amounts not included				125,096.				
u du	ç	-	cash contributions included in				`	1,228,610.			
0 0	r		tal. Add lines 1a-1f				Business Code	1,220,010.			
	•	. w	ORKSHOPS				900099	30,752.	30,752.		
ice	28						900099	50,752.	50,752.		
ue v	k										
ven S	c	. —									
grai Re	C	. —									
Program Service Revenue	م	•	other program service	****							
-			tal. Add lines 2a-2f					30,752.			
	3		estment income (includ					50,752.			
	5		ner similar amounts)					1,127.			1,127.
	4		come from investment of								
	5		yalties								
	U	110	yantos		(i) Rea		(ii) Personal				
	6 a	a Gro	oss rents	6a	(1)		(.)				
	t		ss: rental expenses	6b							
	Č		ntal income or (loss)	6c				•			
			t rental income or (loss				>				
			erent and the sales of		(i) Securi		(ii) Other				
			ets other than inventory	7a	.,						
	k		ss: cost or other basis								
ē		and	l sales expenses	7b							
venue	c		in or (loss)	7c							
Rev			t gain or (loss)				►				
ler	8 8	a Gro	oss income from fundraisi	ng ever	nts (not						
Other		inc	luding \$	-	of						
			ntributions reported on								
		Pa	rt IV, line 18			8a					
	k		ss: direct expenses								
	c	Net	t income or (loss) from	fundra	aising eve	nts	>				
	9 a	a Gro	oss income from gamin	ng acti	vities. See)					
			rt IV, line 19								
	k	b Les	ss: direct expenses			9b					
	c	> Net	t income or (loss) from	gamin	ig activitie	s	►				
	10 a		oss sales of inventory, l								
			d allowances								
			ss: cost of goods sold								
	C	Net	t income or (loss) from	sales	of invento	ry					
S							Business Code				
eou	11 a										
llan Tenu	k										
Miscellaneous Revenue	C		- 11								
Ais	C		other revenue								
		÷ 101	tal. Add lines 11a-11d al revenue. See instructio	<u></u>			····· 🚩	1 260 190	30 752	0.	1,127.
	12	101	ai ievenue. See msulucii	UHS				L,400,403•	1 30,134.	· · · ·	

10	^ d

Section 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other organizations must complete column (A).

Form 990 (2020) SHE SHOULD RUN
Part IX Statement of Functional Expenses

Do not include amounts reported on lanes 60, 76, 80, 80, and 100 of Nart Wi. Total expenses Program envice supported Construction (approximation supported) Construction (approximation (approxim		Check if Schedule O contains a respons	e or note to any line in t	his Part IX	· · ·	X
1 Grants and other assistance to donvestic and domesic powerments. Sum Plus (Jun 21) organizations, foreign governments, and foreign individuals. See Part IV, line 21 3 Grants and other assistance to longin organizations, foreign governments, and foreign individuals. See Part IV, line 11 and 16 4 Image: See Part IV, line 12 4 Image: See Part IV, line 12 4 Image: See Part IV, line 11 and 16 4 Image: See Par		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
and domestic governments. See Part IV, Ime 21				expenses	general expenses	expenses
2 Carats and other assistance to demastic individuals. So Part V, line 32 Image: Compensation and the second second second individuals. So Part V, line 37 and 16 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. So Part V, lines 16 and 16 Image: Compensation Second Secon	1	-				
individuals. See Part IV, line 22 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 individuals. See Part IV, line 17 4 Benefits part of the services from any foreign persons (asched under scion) 4980(1) (a) and persons (asched under scion) 4980(1) (b) (a) and persons (asched under scion) 4980(1) (b) (a) (a) (a) (a) (b) (b) (a) (a) (a) (a) (b) (b) (a) (a) (a) (a) (b) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	•	• · · · · · · · · · · · · · · · · · · ·				
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individuals. See Part IV, lines 15 and 16 image: image	3	Ç I				
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d Lobbying	с		18,962.		18,962.	
e Protessional fundraising services. See Part IV, line 17 1,449. 1,449. f Investment management fees 9 1,449. 1,449. g Other, (I line 11g annue kexceds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 192,039. 180,534. 11,505. 12 Advertising and promotion 23,159. 8,846. 3,298. 11,015. 13 Office expenses 4,072. 4,072. 4,072. 16 Occupancy 17,090. 9,912. 2,393. 4,785. 17 Travel 4,694. 3,852. 842. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 11,388. 11,218. 170. 10 Interest 2 Depreciation, depletion, and amortization 7,196. 7,196. 12 Payments to affiliates 2 2 337. 337. 13 OUTREACH 1,168,575. 705,610. 222,563. 240,402. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 1,168,575.						
g Other. (If line 11g amount exceeds 10% of line 25, oclumn (A) amount, list line 11g expenses on Sch 0.) 192,039. 180,534. 11,505. 12 Advertising and promotion 23,159. 8,846. 3,298. 11,015. 13 Office expenses 23,159. 8,846. 3,298. 11,015. 14 Information technology 4,072. 4,072. 4,072. 16 Occupancy 17,090. 9,912. 2,393. 4,785. 17 Travel 4,694. 3,852. 842. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials 11,388. 11,218. 170. 19 Conferences, conventions, and meetings 11,388. 11,218. 170. 21 Payments to affiliates 7,196. 7,196. 22 Depreciation, depletion, and amortization 7,196. 7,196. 23 Insurance 7,196. 7,196. 18,647. 24 Other expenses on Schedule 0.) 18,647. 14,647. 14,647. 25 Total functional expenses. Add lines 1through 24e 1,168,	е		1,449.			1,449.
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13 Office expenses 23,159. 8,846. 3,298. 11,015. 14 Information technology 4,072. 4,072. 15 Royaties 17,090. 9,912. 2,393. 4,785. 16 Occupancy 17,090. 9,912. 2,393. 4,785. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,388. 11,218. 170. 19 Conferences, conventions, and meetings 11,388. 11,218. 170. 20 Interest 20 Expenses on time 24e. If this expenses on schedule 0.) 7,196. 7,196. 24 OUTREACH 18,647. 18,647. 18,647. b		column (A) amount, list line 11g expenses on Sch 0.)	192,039.	180,534.	11,505.	
14 Information technology 4,072. 4,072. 15 Royatties 17,090.9,912.2,393.4,785. 16 Occupancy 17,090.9,912.2,393.4,785. 17 Travel 4,694.3,852. 842. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,388. 11,218.170. 19 Conferences, conventions, and meetings 11,388. 11,218.170. 20 Interest 11,388. 11,218.170. 21 Payments to affiliates 2 2 20 pereciation, depletion, and amortization 7,196. 7,196. 23 Insurance 7,196. 7,196. 24 Other expenses, Itemize expenses on Covered above (List miscellaneous expenses on Schedule 0.) 18,647.18,647. 18,647. a OUTREACH 337. 337. 237. 25 Total functional expenses. Add lines 1 through 24e 1,168,575.705,610.2222,563.240,402. 240,402. 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 in trallowing SOF 98-2 (ASC 98-720) 11,168,575.705,610.2222,563.240,402.	12					
15 Royalties 17,090.9,912.2,393.4,785. 16 Occupancy 17,090.9,912.2,393.4,785. 17 Travel 4,694.3,852. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 842. 19 Conferences, conventions, and meetings 11,388. 11,218. 170. 20 Interest 20 20 20 20 20 21 Payments to affiliates 20<	13			8,846.		11,015.
16 Occupancy 17,090. 9,912. 2,393. 4,785. 17 Travel 4,694. 3,852. 842. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,388. 11,218. 170. 19 Conferences, conventions, and meetings 11,388. 11,218. 170. 20 Interest 11,388. 11,218. 170. 21 Payments to affiliates 7,196. 7,196. 22 Depreciation, depletion, and amortization ansurace 7,196. 7,196. 24 Other expenses. Itemize expenses on tine 24e. If line 24e expenses on Schedule 0.) a OUTREACH 18,647. 18,647. b	14		4,072.		4,072.	
17 Travel 4,694. 3,852. 842. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,388. 11,218. 170. 19 Conferences, conventions, and meetings 11,388. 11,218. 170. 20 Interest 11,388. 11,218. 170. 21 Payments to affiliates 2 2 2 22 Depreciation, depletion, and amortization 7,196. 2 23 Insurance 7,196. 7,196. 24 Other expenses not covered above (List miscellaneous expenses on line 24e. If line 24e exponent exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 18,647. 18,647. 26 UUTREACH 337. 337. 25 Total functional expenses. Add lines 1 through 24e 1,168,575. 705,610. 222,563. 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 Image and fundraising solicitation. Check here Image and fundraising solicitation. 11,168,575. 705,610. 222,563. 240,402.	15		1 - 000	0.010		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,388. 11,218. 170. 19 Conferences, conventions, and meetings 11,388. 11,218. 170. 20 Interest 20 21 Payments to affiliates 22 22 Depreciation, depletion, and amortization 23 11,388. 11,218. 170. 21 Payments to affiliates 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e anount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 18,647. 18,647. 26 24 Other expenses. Itemize expenses on Schedule 0.) 18,647. 18,647. 27.196. 25 Total functional expenses. Add lines 1 through 24e 1,168,575. 705,610. 222,563. 240,402. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if tollowing SOP 98-2 (ASC 98-720) 1,168,575. 705,610. 222,563. 240,402.	16	Occupancy			2,393.	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e annount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a OUTREACH b c d e All other expenses. Add lines 1 through 24e for any field in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here image in following SOP 98-2 (ASC 958-720)	17		4,694.	3,852.		842.
19 Conferences, conventions, and meetings 11,388. 11,218. 170. 20 Interest	18	-				
20 Interest			11 200		11 010	170
21 Payments to affiliates		· · · · · · · · · · · · · · · · · · ·	11,388.		11,218.	1/0.
22 Depreciation, depletion, and amortization 7,196. 23 Insurance 7,196. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 18,647. a OUTREACH 18,647. b		F				
23 Insurance 7,196. 7,196. 24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 18,647. 18,647. a OUTREACH 18,647. 18,647. b						
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line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a OUTREACH b c d e All other expenses 337. 25 Total functional expenses. Add lines 1 through 24e 1,168,575. 705,610. 222,563. 240,402.	24	above (List miscellaneous expenses on line 24e. If				
a OUTREACH 18,647. 18,647. b						
b	9		18.647.	18.647.		
c			_ 0 , 0 0			
d						
e All other expenses 337. 337. 25 Total functional expenses. Add lines 1 through 24e 1,168,575. 705,610. 222,563. 240,402. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720) Image: Complete the set of the						
25 Total functional expenses. Add lines 1 through 24e 1,168,575. 705,610. 222,563. 240,402. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)			337.		337.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·		705,610.		240,402.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)						· · ·
educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)						
		Check here Figure if following SOP 98-2 (ASC 958-720)				- 000 (2000)

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		Check if Schedule O contains a response or	r note to a	ny line in this Part X				
		·			(A) Beginning of yea			(B) End of year
	1	Cash - non-interest-bearing			688,2		1	840,898.
	2	Savings and temporary cash investments			213,0	30.	2	250,178.
	3	Pledges and grants receivable, net			134,1	74.	3	102,685.
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any currer						
		trustee, key employee, creator or founder, s	ubstantia	contributor, or 35%				
		controlled entity or family member of any of	these per	sons			5	
	6	Loans and other receivables from other disc	qualified p					
		under section 4958(f)(1)), and persons descr					6	
s	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	–					9	
	10a	Land, buildings, and equipment: cost or oth						
		basis. Complete Part VI of Schedule D		1				
	b	Less: accumulated depreciation					10c	
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, li			12			
	13	Investments - program-related. See Part IV, I			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must			1,035,5	02.	16	1,193,761.
	17	Accounts payable and accrued expenses			30,2	55.	17	23,300.
	18	Grants payable					18	
	19	Deferred revenue			10,0	00.	19	83,300.
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Compl					21	
s	22	Loans and other payables to any current or						
Liabilities		trustee, key employee, creator or founder, s	ubstantia	contributor, or 35%				
abil		controlled entity or family member of any of	these per	sons			22	
Ë	23	Secured mortgages and notes payable to ur	nrelated th	nird parties			23	
	24	Unsecured notes and loans payable to unrel					24	
	25	Other liabilities (including federal income tax						
		parties, and other liabilities not included on	lines 17-2	4). Complete Part X				
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25			40,2	55.	26	106,600.
		Organizations that follow FASB ASC 958,	check he	ere 🕨 🔀				
ses		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions			995,2	47.	27	1,087,161.
Bal	28	Net assets with donor restrictions					28	
pu		Organizations that do not follow FASB AS	SC 958, cl	neck here 🕨 📃				
Ъ		and complete lines 29 through 33.						
° or	29	Capital stock or trust principal, or current fu	nds				29	
sets	30	Paid-in or capital surplus, or land, building, o					30	
As	31	Retained earnings, endowment, accumulate					31	
Net Assets or Fund Balances	32	Total net assets or fund balances			995,2	47.	32	1,087,161.
_	33	Total liabilities and net assets/fund balances			1,035,5		33	1,193,761.

1,193,761. Form **990** (2020)

Form 990 (2020) Part X Balance Sheet

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	990 (2020) SHE SHOULD RUN	20-42	10843	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,260		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,168		
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	995	5,24	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,087	7,10	<u>61.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

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Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Employer identification number

		SHOULD RUN						0-4210843
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative					i).		
4	A medical research organiz						(iii). Enter	the hospital's name,
	city, and state:						. ,	
5	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)	c	·	, ,			
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	•				.,	e general r	public described in
	section 170(b)(1)(A)(vi). (C	-		J			- 5	
8	A community trust describe		(1)(A)(vi), (Complete Par	EIL)				
9	An agricultural research org				ed in coniu	inction with a	land-orant	college
•	or university or a non-land-g	-			-		-	-
	university:	grant conege of agric			name, eny	, and state of	ine conege	
10	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from co	ontributior	ns membershi	n fees and	d gross receipts from
.•	activities related to its exer							
	income and unrelated busir							-
	See section 509(a)(2). (Con				oco doqui	ice by the org		
11	An organization organized a		vely to test for public sa	inty See	section 50)9(a)(4)		
12	An organization organized a						ry out the	nurnoses of one or
	more publicly supported or	-	•				•	
	lines 12a through 12d that	-						
a [Type I. A supporting orga	• •		-			-	aivina
a	the supported organization			• • • •	-			
	organization. You must o			majonty o				apporting
ь Г	Type II. A supporting org	-		ion with it	oupporto	d organization		lina
b [-				-		-
	control or management o			ane persoi	ns that co	ntroi or manag	je trie supp	Joned
•	organization(s). You mus	-		in connoct	ion with a	and functional	vintograta	od with
с	J Type III functionally inte						y integrate	a with,
a [its supported organization	. , . ,	•			-	had argani-	- otion(o)
d	J Type III non-functionally						-	
	that is not functionally int	v	• •	•		•	anallenin	veness
•	requirement (see instructi	-	-					
e 🗌	Check this box if the orga					Type I, Type I	і, туре ш	
f Ent	functionally integrated, or		nany integrated supportin	ig organiza	ation.			
	er the number of supported on vide the following informatior	•	d arganization(a)					
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	()	(described on lines 1-10	in your governi Yes	ng document?	support (see in	structions)	support (see instructions)
			above (see instructions))	100				

Schedule A (Form 990 or 990-EZ) 2020 SHE SHOULD RUN

20-4210843 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	755,109.	918,258.	1228242.	970,509.	1228610.	5100728.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	755,109.	918,258.	1228242.	970,509.	1228610.	5100728.
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)						720,039.
6	Public support. Subtract line 5 from line 4.						4380689.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	755,109.	918,258.	1228242.	970,509.	1228610.	5100728.
	Gross income from interest,	,					
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				3,445.	1,127.	4,572.
٩	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						5105300.
	Gross receipts from related activities,		(nc)			12	97,589.
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax y			5775050
10	organization, check this box and stor	0					
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	85.81 %
	Public support percentage from 2019					15	83.53 %
	33 1/3% support test - 2020. If the c						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the c		-			or more, check thi	
, D	and stop here. The organization qual	-					
17~	10% -facts-and-circumstances test					und line 1/ is 10% (
17 a		-					
	and if the organization meets the facts			-		-	
Ŀ	meets the facts-and-circumstances te	-		• • • •	-	Za and line 15 is f	
a	10% -facts-and-circumstances test	-					1070 01
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, cneck this box a	na see instructions	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SHE SHOULD RUN Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	ization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies	as a publicly suppo	orted organizat	ion ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Ра	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
	the organization maintained a close and continuous working relationship with the supported organization(s).		\square	

the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's*

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you support	ed a governmental entity (see instruction <u>s).</u>
------------	--	---	-------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990 EZ) 2020 SHE SHOULD RUN

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Forn	n 990 or 990-EZ) 2020	SHE	SHOULD	RUN

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	ion D - Distributions		(••••••		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SHE SHOULD RUN

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

20-4210843

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Organization type (check or	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	$\fbox{3}$ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

(d)

Type of contribution

X

SH

(a)

No.

(a)

No.

2

1

Person Payroll

20 - 4210843

(c)

Total contributions

Part	I Contr	ibutors	(see instructions). Use duplicate copies of Part I if additional space is needed.
SHE	SHOULD	RUN	

(b)

Name, address, and ZIP + 4

65,200. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Pavroll

		\$	30,589.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Total contributions	(d) Type of contribution
3		\$	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Total contributions	(d) Type of contribution
4		\$	75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Total contributions	(d) Type of contribution
5		\$	220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Total contributions	(d) Type of contribution
6		\$	75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 290, 990-FZ, or 990-PE) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

- -

SHE SHOULD RUN

20-4210843

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
7		\$31,446.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8_		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

20 - 4210843

SHE SHOULD RUN

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

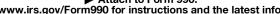
Page **4**

Name of o	rganization			Employer identification number
SHE SI	HOULD RUN			20-4210843
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	try. For organizations	nat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			_	
-		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE I	D
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Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization	
Internal Revenue Service	

Nam	ne of the organization SHE SHOULD RUN	Employer identification number 20-4210843
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Advised	
	organization answered "Yes" on Form 990, Part IV, line 6.	
	•) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	S
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used on	ıly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferrir	ng
_	impermissible private benefit?	
Ра	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, I	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	rically important land area
	Protection of natural habitat	ied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	
	day of the tax year.	Held at the End of the Tax Year
а		<u>2a</u>
b	······································	2b
c	(/	2c
d		
•	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the tax
4	year ► Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
Ū		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i))
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balan	nce sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	► \$
-	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	Revenue included on Form 990. Part VIII, line 1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

\$

	dule D (Form 990) 2020 SHE SHO							20-42			.ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	⁻ Simila	r Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	(L k	Loan or exc	hange progr	am					
b	Scholarly research				0 1 0						
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	nev further th	ne organizatio	on's exem	not purpo	se in Part	XIII		
5	During the year, did the organization solicit of	-		-	-						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange										110
	reported an amount on Form 990, Par			organizatio	in anowered	100 011	1 0111 000	, i aiciv, i	110 0, 01		
10	Is the organization an agent, trustee, custodia		lian for	contribution	s or other as	sots not i	ncluded				
Ia									Yes		No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟			NU
a	in res, explain the arrangement in Part XIII a	and complete the lo	lowing t	able.					A		
_	De sinsis a la dese								Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								7		
	Did the organization include an amount on Fo						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Parl	t IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	irs back	(d) Three y	ears back	(e) Four y	/ears t	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 10	g, column (a)) held as:						
а	Board designated or quasi-endowment	•	%		,,						
b	Permanent endowment	%									
		<u></u> /-									
-	The percentages on lines 2a, 2b, and 2c show	, -									
3a	Are there endowment funds not in the posses		ation tha	it are held ar	nd administe	red for th	e organiza	ation			
ou	by:						o organiza		5	/es	No
	-								3a(i)		
									3a(ii)	-	
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiona listad on roqui	rod on S	obodulo D2							
D A	Describe in Part XIII the intended uses of the								3b		
Par	t VI Land, Buildings, and Equipm	organization's endo	wment	unas.							
1 41				/ line 11e C			line 10				
	Complete if the organization answered								()) .		
	Description of property	(a) Cost or o			t or other	1	ccumulate	d	(d) Book	value	•
		basis (investi	nent)	Dasis	(other)	uer	oreciation				
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)						0.
								Schedule	D (Form	990) :	2020

032052 12-01-20

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	Financial derivatives			
	Closely held equity interests			
	Other			
	(A)			
	(B)			
	(C)			
	(D)			
	(E)			
	(F)			
	(G)			
	(H)			
	al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	art VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(1)	()		,
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
	al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	art IX Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description	, ,	(b) Book value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
	al. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		
P	art X Other Liabilities.	·	····· F	
_	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	(1) Federal income taxes			
	(2)			
_	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
Tot	al. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	►	
		,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Sche	dule D (Form 990) 2020 SHE SHOULD RUN		20-	4210843	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	1,260,	151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,260,	151.
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				
b	Other (Describe in Part XIII.)	4b 338	•		
с	Add lines 4a and 4b		4c		338.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,260,	489.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	1,168,	237.
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	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,168,	237.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b 338	•		
с	Add lines 4a and 4b		4c		338.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,168,	575.
Pa	t XIII Supplemental Information.				

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

PART X, LINE 2:

INCOME TAXES - THE ORGANIZATION IS A NONPROFIT ORGANIZATION AS DESCRIBED
IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND IS
EXEMPT FROM FEDERAL AND STATE INCOME TAXES; ACCORDINGLY, NO PROVISION HAS
BEEN MADE FOR INCOME TAXES. IN ADDITION, THE ORGANIZATION HAS BEEN
DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE
FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE
CODE. FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, MANAGEMENT BELIEVES
THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT
ORGANIZATION. MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD
HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE
ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2020
032054 12-01-20 Schedule D (Form 990) 2020

AND 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES GROUPED WITH REVENUE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES GROUPED WITH REVENUE

338.

338.

SCHEDULE J	Compensation Information	OMB No. 1	545-0047
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	20
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	20
epartment of the Treasury	Attach to Form 990.	Open to	
nternal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe	
Name of the organiza		loyer identificatio	
Dort L Quanti	SHE SHOULD RUN 22	20-4210843	5
Part I Questio			<u> </u>
			Yes No
	ppriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	or charter travel		
Travel for c		e,	
	ification and gross-up payments		
Discretiona	ry spending account Personal services (such as maid, chauffeur, che	t)	
	es on line 1a are checked, did the organization follow a written policy regarding payment or		
	or provision of all of the expenses described above? If "No," complete Part III to explain	1 b	
•	tion require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
trustees, and off	icers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
	f any, of the following the organization used to establish the compensation of the organization's		
	Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
·	nsation of the CEO/Executive Director, but explain in Part III.		
·	tion committee Written employment contract		
	nt compensation consultant		
Form 990 c	of other organizations X Approval by the board or compensation commit	:tee	
	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
	a related organization:		
	ance payment or change-of-control payment?	4a	<u> </u>
•	receive payment from a supplemental nonqualified retirement plan?	4b	<u>X</u>
c Participate in or	receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
-	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on th			
	?		<u> </u>
b Any related orga	nization?		X
	ia or 5b, describe in Part III.		
6 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
•	e net earnings of:		
	?		<u>X</u>
	nization?		X
	a or 6b, describe in Part III.		
	d on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
not described or	n lines 5 and 6? If "Yes," describe in Part III	7	X
	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
initial contract e	cception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8	, did the organization also follow the rebuttable presumption procedure described in		
	tion 53.4958-6(c)?	9	1

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ERIN LOOS CUTRARO	(i)	160,000.	7,500.	0.	4,800.	25,056.	197,356.	0.
FOUNDER/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

20-4210843

Part III Supplemental Information

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

Schedule J (Form 990) 2020

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

EZ
OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

20-4210843

SHE SHOULD RUN

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

ALL WALKS OF LIFE TO RUN FOR ELECTED OFFICE AT ALL LEVELS. SHE SHOULD

RUN RECRUITS WOMEN THROUGH NATIONAL AWARENESS ACTIVATIONS AND OFFERS

WOMEN'S LEADERSHIP DEVELOPMENT TRAINING COURSES IN THE TOPIC AREAS

CULTIVATING LEADERSHIP, BUILDING NETWORKS, FOSTERING COMMUNICATION, AND

FINDING PATHWAYS. THESE COURSES ARE OFFERED AS SELF-DIRECTED OR

FACILITATED VIRTUAL OR IN-PERSON TRAININGS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2020, SHE SHOULD RUN, LIKE EVERY OTHER COMPANY ACROSS THE GLOBE,

FACED THE TREMENDOUS CHALLENGE OF SHIFTING OUR ENTIRE BUSINESS MODEL

PARADIGM TO ADAPT TO THE EVERCHANGING REALITIES OF THE COVID-19

PANDEMIC. ALL INPERSON EVENTS AND PROGRAMS SHIED TO VIRTUAL. OVER 3,000

WOMEN ATTENDED 14 SHE SHOULD RUN EVENTS LAST YEAR, A SIGNIFICANT

INCREASE FROM 573 IN 2019. 76% OF POSTEVENT SURVEY RESPONDENTS

INDICATED THEY ARE MORE LIKELY TO CONSIDER RUNNING FOR OFFICE AND THE

SAME NUMBER SAID THEY FEEL MORE QUALIFIED TO RUN.

IN MAY OF 2020, WE LAUNCHED THE FORMAL SHE SHOULD RUN COMMUNITY, AN ONLINE PLATFORM FOR WOMEN TO GET CONNECTED, INSPIRED, AND LEARN MORE ABOUT WHAT GOES INTO RUNNING FOR OFFICE. WITH THE LAUNCH OF THE ONLINE COMMUNITY PLATFORM, WE WERE ALLOWED TO SEAMLESSLY INTEGRATE OUR CORE INCUBATOR CURRICULUM WITH THE EXISTING COMMUNITY, GIVING MEMBERS EASY ACCESS TO ALL OF OUR RESOURCES, PROGRAMMING, AND FELLOW MEMBERS. WE ADDED MORE THAN 6,500 NEW WOMEN AS WE TRANSITIONED FROM A FACEBOOK GROUP TO OUR COMMUNITY PLATFORM. AS OF DECEMBER 31, THERE WERE 24,752 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SHE SHOULD RUN	Employer identification number 20-4210843
WOMEN IN OUR COMMUNITY A 300% INCREASE FROM 2019!	

WE LAUNCHED THE BREAKING BARRIERS WEBINAR SERIES AS A RESPONSE TO THE

RACIAL UPRISINGS IN THE SUMMER OF 2020 AND THE REALITY THAT COVID-19

WAS DISPROPORTIONATELY IMPACTING WOMEN OF COLOR. TWO CLOSED DOOR

SESSIONS WERE HELD, ONE FOR BLACK WOMEN AND ONE FOR LGBTQ+ WOMEN, WHICH

YIELDED 179 NEW COMMUNITY MEMBERS FROM 201 PARTICIPANTS.

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

Schedule (Form 990 or 990-E7) 2020

THE CHIEF OF STAFF COMPLETES, FOUNDER & CEO + BOARD CHAIR REVIEW AND

SIGN-OFF BEFORE FILING. AFTER BEING FILED, THE 990 IS PRESENTED TO THE FULL BOARD.

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

WHEN A NEW BOARD MEMBER JOINS SHE SHOULD RUN, THEIR RELATIONSHIPS WITH OTHER ORGANIZATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS NOMINATING COMMITTEE IN A RIGOROUS 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 THROUGHOUT THE YEAR, THEY ARE PRESENTED TO THE BOARD OF DIRECTORS TO ENSURE NO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A: INTERNAL REVIEW OF ANNUAL PNP SALARY REPORT FOR MARKET SALARY RECOMMENDATION(AS WELL AS OTHER RESOURCES), BUDGET REVIEW, WRITTEN PROPOSAL TO THE BOARD, BOARD DISCUSSION, AND WRITTEN APPROVAL OR FINAL

	SHE	SHOULD RUN
ADJUSTMENT	FROM TH	HE BOARD.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

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 FUND RAISE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FORM 990, PART VI, SECTION C, LINE 19:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 192,039.

180,534.

11,505.

192,039.

Ο.

Employer identification number 20 - 4210843