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**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection 2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018and ending JUN 30, Check if applicable: C Name of organization D Employer identification number GIRLS INC. OF GREATER PHILADELPHIA AND Address change SOUTHERN NEW JERSEY Name change 23-1607172 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1501 CHERRY STREET 215-735-7775 termin-ated 1,135,853. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PHILADELPHIA, PA 19102 H(a) Is this a group return Applica-F Name and address of principal officer: DENA HERRIN ∐Yes LX No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.GIRLSINCPA NJ.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1961 M State of legal domicile: PA Part I Summary mission or most significant activities: TO INSPIRE ALL GIRLS TO BE Briefly describe the organization Activities & Governance STRONG, SMART, MND BOLD Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, line 1b) Number of voting members of the go 18 18 <u>16</u> Total number of individuals employed in call ndar year 2018 (Part V, line 2a) 5 200 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, con 2). line 12 7a **b** Net unrelated business taxable income from Form 990 7b **Prior Year Current Year** 735,399. 22,599. 1,068,235. Contributions and grants (Part VIII, line 1h) Revenue 21,478. Program service revenue (Part VIII, line 2g) 32,242. 2,820. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -12,410.-14,815. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 748.408. 1,107,140. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 415,993. 448,506. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 83,333. 208,234. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5<mark>99</mark>,326. 149,082. 656,740. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 450,400. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 693,559. 1,118,750. 20 Total assets (Part X, line 16) 6,942. 14,472. 21 Total liabilities (Part X, line 26) 679,087. 111,808. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DENA HERRIN, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature BRUCE BRAUNEWELL, CPA 11/19/2019 Self-employed **№**00075336 BRUCE BRAUNEWELL, CPA Paid Firm's name CLIFTONLARSONALLEN LLP 41 - 0746749Preparer Firm's EIN ▶ Firm's address 610 W. GERMANTOWN PIKE, Use Only STE. Phone no. 215-643-3900 PLYMOUTH MEETING, PA 19462 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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:
	GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY (GIRLS INC.
	OR THE ORGANIZATION) IS A 501(C)(3) NONPROFIT ORGANIZATION FOUNDED IN
	1961. THE ORGANIZATION'S MISSION IS TO INSPIRE ALL GIRLS TO BE STRONG,
	SMART, AND BOLD. (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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.  (Code: ) (Expenses \$ 104,352 • including grants of \$ 0 • ) (Revenue \$ 0 • )
4a	(Code: ) (Expenses \$\frac{104,352.}{\text{ including grants of }}\$\frac{0.}{\text{ prince}}\$ ) (Revenue \$\frac{0.}{\text{ NC.}}\$
	KINDERGARTEN THROUGH THE THIRD GRADE TO HELP INCREASE LITERACY RATES,
	TESTING SCORES, AND FOSTER A LIFELONG LOVE OF READING. THE PROGRAM
	INSPIRES CHILDREN TO USE READING AS A TOOL TO DISCOVER NEW INTERESTS
	AND ENCOURAGES DEEPER EXAMINATION OF THE WORLD AROUND THEM THROUGH
	BOOKS. PARTNERING WITH PARENTS TO HELP THEIR CHILDREN SUCCEED THROUGH
	FAMILY ENGAGEMENT IS A PLTICAL COMPONENT OF THIS PROGRAM. (282
	PARTICIPANTS)
4b	(Code:) (Expenses \$
	GIRLS INC. OPERATION SMART BUILDS GIRLS SKILLS AND INTEREST IN
	SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS. (783 PARTICIPANTS)
	<i>F</i> ,
4c	(Code:) (Expenses \$ 60 , 658 •including grants of \$ 0 • _) (Revenue \$ 9 , 239 • _)
40	(Code: ) (Expenses \$ 00,658 including grants of \$ 0 in
	CREATES LASTING SOCIAL CHANGE BY PARTNERING GIRLS AND WOMEN IN
	COMMUNITY ACTION PROJECTS CHOSEN BY GIRLS. (541 PARTICIPANTS)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 232,816 • including grants of \$ 0 •) (Revenue \$ 3,000 •)
4e	Total program service expenses ► 487,892.

**4e** Total program service expenses ▶

Form **990** (2018)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			٠,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		\ <sub>32</sub>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; of produce credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Par IV	9		
10	Did the organization, directly or through are ated organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yey," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	2.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	па	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule II, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V/n	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year paude a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax fear of "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax ar?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XV is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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## GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

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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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been sported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key encovees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule V, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If Ye, " complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key en ployee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? ** "Ye*, " complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets. "Les " complete			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_		38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	$\Omega\Omega\Omega$	(0010

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23-1607172 Part 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. 16 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? with every solicitation an express statement that such contributions or gifts b If "Yes," did the organization inc were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х a 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 c Did the organization sell, exchange, or otherwise attacose of tangible personal property for which it was required X 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Х e Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectural or perty, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, of 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.

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Х

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					Δ
Sec	tion A. Governing Body and Management					
		1.1	1 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		10			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	ne direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:				
а	The governing body?		L	8a	X	
b	Each committee with authority to act on behalf of the governing body?		L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information applit policies not required by the Internal F	Revenue Code.)				
	$\gamma_{(1)}$		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates		L	10a		Х
b	If "Yes," did the organization have written policies and procedures givening the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all numbers of its governing bo	dy before filing the forn	า?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 18		L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interestically could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe				
	in Schedule O how this was done		L	12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?	<b>A</b>		14	X	
15	Did the process for determining compensation of the following persons include a review and appro-	rakby independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	? <b>/</b> ,				
а	The organization's CEO, Executive Director, or top management official	······	L	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 arrange	ement with a				
	taxable entity during the year?		L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶PA, NJ					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501)	(c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy	, and	finan	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 b	ooks and records 🕨 _				
	DENA HERRIN - 215-735-7775					
	1501 CHERRY STREET PHILADELPHIA DA 19102					

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#### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and Title	(B) Average hours per		not c		itior more	1 than is bot		(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations octov (ine)	stee or director	lnstitutional trustee	Officer Officer		Highest compensated highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) FREDERICK MASTERS, ESQ. CHAIR	3.00	1 <sub>v</sub> ,		x				0.	0.	0.
(2) MARGARET RICKARD RUBINACCI	3.00	17.	7	<u> </u>				0.	0.	0.
FIRST VICE CHAIR	3.00	X	<b>)</b>	X				0.	0.	0.
(3) SANIAH M. JOHNSON, CPA	3.00							_	-	
SECOND VICE CHAIR		х		<b>K</b>				0.	0.	0.
(4) ERICA GOODWIN	3.00									
SECRETARY		Х		Х	`			0.	0.	0.
(5) MIKE BROWN, CPA	3.00						1			
TREASURER		Х		Х			\	0.	0.	0.
(6) DEBORAH BECK KAUFFMAN	3.00							<b>'</b>		
MEMBER		Х						0.	0.	0.
(7) MAXINE CROOKS	3.00									
MEMBER		Х						Us.	0.	0.
(8) MARY GAFFNEY	3.00							$\sim$		
MEMBER		Х						0,	0.	0.
(9) LORI GARBER	3.00	l								•
MEMBER		Х						0.	0.	0.
(10) CHRISNA GOVIN	3.00	١							•	•
MEMBER	2 00	Х						0.	0.	0.
(11) JASON HECKLER	3.00	,,							0	0
MEMBER	3 00	Х				-		0.	0.	0.
(12) ERIC HOFMANN	3.00	<b>.</b> ,							0	0
MEMBER	3.00	Х				-		0.	0.	0.
(13) DONNA HOLMES-LOCKETT	3.00	X						0.	0.	0.
MEMBER (14) MELISSA HUTCHINSON	3.00	^				-		0.	0.	0.
MEMBER	3.00	X						0.	0.	0.
(15) GILLIAN JOHNSON	3.00					-		0.	0.	<u> </u>
MEMBER	3.00	x						0.	0.	0.
(16) SONJA RIVERA	3.00	<del></del>				+				<u></u>
MEMBER		x						0.	0.	0.
(17) JESSICA SHARP	3.00	<u> </u>				T				3.
MEMBER		x						0.	0.	0.
832007 12-31-18	1				_	_	_			Form <b>990</b> (2018)

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23-1607172 SOUTHERN NEW JERSEY Page 8 Form 990 (2018) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any organizations the compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) nstitutional trustee organization organizations and related below organizations line) 3.00 (18) ROBYN MENZEL WOLF 0. 0. 0. MEMBER (19) ZENITA HENDERSON 3.00 MEMBER - LEFT SEP 2018 X 0 0 . 0. 3.00 (20) SHARMILA RAVI 0 X 0 MEMBER - LEFT DEC 2018 0. (21) DENISE LASKODY 3.00 X 0 0 MEMBER - LEFT MAR 2019 0. (22) SIGRID LUNDBY 3.00 0 0 MEMBER - LEFT MAR 2019 X Ο. 40.00 (23) DENA R. HERRIN 2,240. X 89,648 0. EXECUTIVE DIRECTOR 89,648 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 89,648. 2,240. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) no eceived more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or higher compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compe from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such indivisua 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization of it illual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2018)

\$100,000 of compensation from the organization

832009 12-31-18

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

3,548.

21,478.

107,140.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 16,540. 29,404. 91,888. 45,944. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) persons described in section 4958(d 292,026. 245,938. 26,979. 19,109. Other salaries and wages 7 Pension plan accruals and contributions 5,663 6,000 337 section 401(k) and 403(b) employer conf 22,174 19,320. 2,854. Other employee benefits ...... 9 24,975. 5,998. 36,418. 5,445. Payroll taxes ..... 10 Fees for services (non-employees): 11 a Management Legal 801 27,862. 2,302. 2,637. Accounting ..... Lobbying Professional fundraising services. See Part IV, line 17 2,225 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 2,230 1,942 288. column (A) amount, list line 11g expenses on Sch O.) 1,506. 8,083 734. 843. Advertising and promotion 12 13,432 002. 1,417. 8,013. Office expenses 13 Information technology 14 Royalties 15 1,229. 38,760. 2,130. 16 Occupancy 703**C** 2,070. 2,773. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 17,341. 605. 16,145. 591. Conferences, conventions, and meetings 19 20 4,715. Payments to affiliates \_\_\_\_\_ 4.715. 21 3,268. 3,268. Depreciation, depletion, and amortization ..... 22 14,349. 13,500. 239. 610. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 45,625 45,625. PROGRAM SUPPLIES EQUIPMENT RENTAL/REPAIR 9,979. 9,618. 361. **EVENT RENTAL** 8,417. 8,417. 2,966. 482. 2,484 DUES 1,250. 1,270. 20. All other expenses е 656,740. 487,892. 82,728. 86,120. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2018)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	119,885.	1	138,086.
	2	Savings and temporary cash investments	180,598.	2	351,325.
	3	Pledges and grants receivable, net	126,169.	3	199,695.
	4	Accounts receivable, net		4	800.
	5	Loans and other receivables from current and former officers, directors,			
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
δ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and defended charges	9,426.	9	9,833.
	10a	Land, buildings, and equipment cost or other			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 12,756.  10a 12,756.  10b 6,910.	9,114.	10c	5,846.
	11	Investments - publicly traded securities	246,422.	11	5,846. 411,220.
	12	Investments - other securities. See Part J. Jan. 11		12	
	13	Investments - program-related. See Part IV line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,945.	15	1,945.
	16	Total assets. Add lines 1 through 15 (must equal line 31)	693,559.	16	1,118,750.
	17	Accounts payable and accrued expenses	6,244.	17	4,122.
	18	Grants payable		18	
	19	Deferred revenue	8,228.	19	2,820.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons	1,		
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	$\bigcirc$	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	14 47	25	6 042
	26	Total liabilities. Add lines 17 through 25	14,472.	26	6,942.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces	07	complete lines 27 through 29, and lines 33 and 34.	491,968.	27	829,307.
lan	27	Unrestricted net assets	186,119.	28	282,501.
Ba	28	Temporarily restricted net assets	1,000.	29	0.
Fund Balances	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶□	1,000.	29	0.
		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	679,087.	33	1,111,808.
	34	Total liabilities and net assets/fund balances	693,559.	34	1,118,750.
			- ,		

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		1,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2				40.
3	Revenue less expenses. Subtract line 2 from line 1	3				00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				87.
5	Net unrealized gains (losses) on investments	5		-1	7,6	79.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		1,11	1,8	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш
					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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated lagis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	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 appropendent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Ο.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
				Form	990	(2018)
	· C					
	$\mathcal{O}_{\wedge}$					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

**Employer identification number** 23-1607172

Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.						
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	check only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative		·			ii).						
4	一	A medical research organiz					-	the hospital's name					
•		city, and state:	a opo.a oo.	ngan onon man a moopha				and mospital o maine,					
5			or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in					
9		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	X	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
7	22	<b>▼</b> ,	•	ntial part of its support	rom a gov	ernmentai	unit or from the general	public described in					
_		section 170(b)(1)(A)(vi). (C		4\\4\\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	<b>.</b> \								
8	H	A community trust describe					on although while a law of according						
9		An agricultural research org											
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state of the colleg	je or					
40		university:											
10		An organization that norma	•	3									
		activities related to its exem	•	_									
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	nplete Part III.)	Vo			201 1141						
11	H	An organization organized a											
12		An organization organized a											
		more publicly supported or						neck the box in					
		lines 12a through 12d that											
а		Type I. A supporting orga		_									
		the supported organization			a majority o	of the aire	ctors or trustees of the s	supporting					
		organization. You must c	-		`().	<b>.</b> .							
b		Type II. A supporting org											
		control or management o			ame perso	os that co	ontrol or manage the sup	ported					
		organization(s). You mus				()							
С		Type III functionally inte						ed with,					
		its supported organization				-	- <i>X</i> \						
a		Type III non-functionally											
		that is not functionally int						iveness					
		requirement (see instructi											
е		Check this box if the orga					ı Type I, Type II, Type III						
	F	functionally integrated, or	* *	nally integrated support	ing organiz	zation.							
T		r the number of supported o		-l									
<u>g</u>		ride the following information  Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other					
	•	organization	(,	(described on lines 1-10	in your governi	ng document? No	support (see instructions)	support (see instructions)					
				above (see instructions))		-110							

### 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	220,016.	447,352.	810,633.	739,399.	1,068,235.	3,285,635.
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	220,016.	447,352.	810,633.	739,399.	1,068,235.	3,285,635.
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,	<b>Y</b>					
	column (f)	<b>9</b> /					227,301.
6	Public support. Subtract line 5 from line 4.						3,058,334.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	220,016.	447,352.	(c) 2016 810,633.	(d) 2017 739, 399.	1,068,235.	3,285,635.
8	Gross income from interest,		40				
	dividends, payments received on		<b>9</b> 0.				
	securities loans, rents, royalties,						
	and income from similar sources	1,584.	14	30.	2,820.	32,242.	36,690.
9	Net income from unrelated business			٠' አ			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			\ \doldar{\bullet}{\b			
	assets (Explain in Part VI.)		1,641.	8,662.	$\frown$ 4,763.	3,548.	18,614.
11	<b>Total support.</b> Add lines 7 through 10			,			3,340,939.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	84,983.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a etio	n 501(c)(3)	
	organization, check this box and stor				<u></u>	<u>.</u>	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	91.54 %
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	93.65 %
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	١			<b>▶</b> X
b	33 1/3% support test - 2017. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	<b>stop here.</b> Explair	n in Part VI how the	<u></u>
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instructions	s 🕨 🔲
					Scho	dule A (Form 990	or 000 E7\ 2019

#### 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.)

qualify under the tests listed b	pelow, please comp	plete Part II.)				
Section A. Public Support				( 0 00 :=	( ) 00:5	<i>(a · ·</i>
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> 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	1					
the organization without charge	<b>Y</b> Ø.					
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons	( )					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that	1	1				
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		~~~~				
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(a) 2014	(6) 2013	2010	(u) 2017	(e) 2018	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			0	•		
<b>b</b> Unrelated business taxable income				$\cap$		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				1	7,	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and <b>stop here</b>	· ·	, ,	, , , , , , , , , , , , , , , , , , ,	•		▶□
Section C. Computation of Pub						·
15 Public support percentage for 2018 (	line 8, column (f),	divided by line 13,	column (f))		15	(
16 Public support percentage from 2017					16	(
Section D. Computation of Inve						
17 Investment income percentage for 20					17	(
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2018. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	-					
<b>b 33 1/3% support tests - 2017.</b> If the line 18 is not more than 33 1/3%, che	e organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	
inte to is not more than 33 1/3%. Che	SUN THIS DOX SHOPE	op nere. The orga	am∠auon quaimes a	as a publiciy supp	orted organization	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 an support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part 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 12a or 12b in Far I, answer (b) and (c) 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 W 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 (b) and (c) 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 pale lass already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's ontiol?
- Did the organization provide support (whether in the form of grants or the provision of services in cilities) 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 detailing 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 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Ju		
	3b		
	3c		
	4 -		
_	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	l0a		
	I0b		
m 990		0-EZ	2018
		-,	

Pa	rt IV   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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			<del></del>
			Yes	No
1	Did the organization provide to each of its supported organizations by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and a count 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			
	the organization maintained a close and continuous working relationship with the supplied organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yatsee instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	_		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a		
α	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A				
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all Ann-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	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 1-1/2% of line 3 (for exater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)				
Sect	ion C - Distributable Amount	$\mathcal{I}$		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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	<i>F</i> ,		
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-functional	lly integr	ated Type III supporting or	ranization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns				
4	Amounts paid to acquire exempt-use assets						
_5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which t	the organization is responsive	e				
	(provide details in <b>Part VI</b> ). See instructions.						
_9_	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	1	ı				
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years pror to 2018 (reason-						
	able cause required- explain in Par(VI) see instructions.						
3	Excess distributions carryover, if any, tr 2018						
а	From 2013						
b	From 2014						
c	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years	<b>Y</b>					
<u>h</u>	Applied to 2018 distributable amount						
i_	Carryover from 2013 not applied (see instructions)	\ <u>\</u>					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u>C.7</u>					
4	Distributions for 2018 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount	· · · · · · · · · · · · · · · · · · ·					
c	Remainder. Subtract lines 4a and 4b from 4.	·					
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.		~,				
6	Remaining underdistributions for 2018. Subtract lines 3h		F1,				
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
d	Excess from 2017						
_	Evenes from 2019						

Schedule A (Form 990 or 990-EZ) 2018

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,

Part VI

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2015 AMOUNT: \$ 1,641. 8,662. 2016 AMOUNT: 2017 AMOUNT: 4,763. 3,548. 2018 AMOUNT: De la companya della companya della companya de la companya della companya della

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

**Employer identification number** 23-1607172

Schedule D (Form 990) 2018

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) 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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use le.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization bets a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a			
р	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic str	<b>O</b>	2b
a	Number of conservation easements included in (c) acquired		
2	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extrigostied, or terminated by th	le organization during the tax
4	year ▶ Number of states where property subject to conservation ea	soment is located	
5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements i	\ / _	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•		Training or Violations, and Directing Co.	ice valier cacements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing accessive	ation easements during the year
-	<b>▶</b> \$		<b>^</b>
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	4 ((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

GIRLS INC. OF GREATER PHILADELPHIA AND 23-1607172 Page 2 SOUTHERN NEW JERSEY Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Dublic exhibition Loan or exchange programs b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Nο on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** c Beginning balance ..... 1c d Additions during the year ..... 1d e Distributions during the year 1e Ending balance 2a Did the organization include an am Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part Check here if the explanation has been provided on Part XIII **Endowment Funds.** Comple the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (b) Prior year **1a** Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, h (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and ad d for the organization Yes No bv: (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment		12,756.	6,910.	5,846.	
e Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 SOUTHERN NE	EW JERSEY		23-1607172 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'  (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13 (c) Method of valuation: Cost	
<del> </del>	(b) Book value	(c) Method of Valuation. Cost	or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)	<b>)</b>		
(6)			
(7)	<i>//</i> /	-	
(8)	1.VO		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	10×		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part lane	e 11d. See Form 990, Part X, line 15	
	Description	1 Tra. Gee Form 550, Fare X, mile To	(b) Book value
(1)		^,	(-,
(2)			
(3)		$\bigcup_{\Lambda}$	
(4)		<del>-///</del>	
(5)			
(6)			
(7)			
(8)		<del></del>	
(9)		<b>—</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>•</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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)			

Total. (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(7) (8) Schedule D (Form 990) 2018

SOUTHERN NEW JERSEY

23-1607172 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	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	1,192,840.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-17,679.			
b	Donated services and use of facilities	2b	105,604.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	87,925.	
3	Subtract line 2e from line 1			3	1,104,915.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,225.			
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c	2,225.	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,107,140.	
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per avaited financial statements			1	760,119.	
2	Amounts included on line 1 but not or Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	105,604.			
b	Prior year adjustments	2b				
С	Other losses Other (Describe in Part VIII.)	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	105,604.	
3	Outstand the a On frage line of			3	654,515.	
4	Amounts included on Form 990, Part IX, line 25, but not on the 1:					
а	Investment expenses not included on Form 990, Part VIII, line	4a	2,225.			
	Other (Describe in Part XIII.)	4b				
	A 118			4c	2,225.	
5				5	656,740.	
Pai	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 auditional information.						
$igcup_{oldsymbol{\Lambda}}$						
	•					
PAI	RT X, LINE 2:		<u> </u>			
		•	-			
THE	E ORGANIZATION QUALIFIES AS A TAX-EXEMPT OF	RGANI	ZATION UNDE	R S	ECTION	
			• • 1			
502	(C)(3) OF THE INTERNAL REVENUE CODE. ACCOR	RDING	LY, IT <del>I</del> S N	OT	SUBJECT TO	
STA	ATE OR FEDERAL INCOME TAXES. THE ORGANIZATI	ON F	OLLOWS THE	PRO	VISIONS OF	
THE	E INCOME TAX STANDARD FOR UNCERTAIN TAX POS	SITIC	NS. THIS ST	AND	ARD	
				~ -		
PRI	ESCRIBES A RECOGNITION THRESHOLD AND MEASUR	REMEN	T PRINCIPLE	SF	OR THE	
F.TI	NANCIAL STATEMENT RECOGNITION AND MEASUREME	ENT C	F TAX POSIT	TON	S TAKEN OR	
EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.						
MILE ADDITION OF MILE CHANDADD HAG HAD NO THEACH ON MILE ODGANTEAUTON'S						
THE APPLICATION OF THIS STANDARD HAS HAD NO IMPACT ON THE ORGANIZATION'S						
FIN	FINANCIAL STATEMENTS.					

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

Employer identification number 2.3 – 1.6.0.7.1.7.2

Schedule G (Form 990 or 990-EZ) 2018

20011121111 11				23 2007	± ,	
Part I Fundraising Activities. Comprequired to complete this part.	plete if the organization answe	ered "Yes" o	on Form 990, Part IV,	line 17. Form 990-E2	I filers are not	
Indicate whether the organization raised fun	nds through any of the following	ng activities	Check all that apply			
a Mail solicitations			government grants	•		
b Internet and email solicitations			rnment grants			
c Phone solicitations		fundraising	-			
	g L Special	luliulaisilig	events			
	agraamant with any individual	(in aludina	officara directora tru	otooo or		
2 a Did the organization have a written or oral a					□ Na	
key employees listed in Form 990, Part VII)	•		-			
<b>b</b> If "Yes," list the 10 highest paid individuals		iant to agre	ements under which	the fundraiser is to t	oe .	
compensated at least \$5,000 by the organ	ization.					
<b>N</b> .		(iii) Did		(v) Amount paid	(vi) Amazonat majal	
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	```	or control of contributions?	from activity	fundraiser listed in col. (i)	organization '	
<del>\</del>	<i>)</i>					
		Yes No	4			
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				-11		
「otal		<b>)</b>				
3 List all states in which the organization is re-	gistered or licensed to solicit	contribution	s or has been notifie	d it is exempt from re	egistration	
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2018 SOUTHERN NEW JERSEY

Part II Fundraising Events Complete if the accordance in the second se

Pa	irt i	of fundraising events. Complete if the of fundraising event contributions and growth of fundraising event contributions and growth of fundraising events.	-			
		or randratoring oronic contributions and g	(a) Event #1 FOUNDER 'S BREAKFAST (event type)	(b) Event #2	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	120,681.	(event type)	(total number)	120,681.
ш	2	Less: Contributions	110,331.			110,331.
	3	Gross income (line 1 minus line 2)	10,350.			10,350.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs  Food and beverages	21,121.			21,121.
Direct E	7	Food and beverages				
	8	Entertainment Other direct expenses	7,592.			7,592.
	10	•			<b>•</b>	28,713.
	l		<b>—</b>			-18,363.
Pa		Net income summary. Subtract line 10 from		. 000 Dart IV Bas 40 and		10,303.
Po	וונו		answered "yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	\'\'\	a Dull take for the st		1
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue		.'`\		
nses	2	Cash prizes		0		
Direct Expenses	3	Noncash prizes		- V		
Direct	4	Rent/facility costs		ز	<b>)</b>	
	5	Other direct expenses			<b>%</b> ,	
	6	Volunteer labor	Yes % No	Yes % No	No %	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization cond	_			
a Is the organization licensed to conduct gaming activities in each of these states?						L Yes  No
b	If "	No," explain:				
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended, or terminated <b>b</b> If "Yes," explain:					year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

#### GIRLS INC. OF GREATER PHILADELPHIA AND

Schedule G (Form 990 or 990-EZ) 2018 SOUTHERN NEW JERSEY	23-1607172 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
THE LINE THE HAITE AND AUDIESS OF THE PERSON WHO Prepares the organization's garning/special events books and	records.
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and th	e amount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
A since the decision of the same party.	
Name Name	
Traine P	
Address ►	
16 Gaming manager information:	
daming manager information.	
Name ▶	
Name -	
Gaming manager compensation ▶ \$	
Carning manager compensation P T	
Description of services provided	
☐ Director/officer ☐ Employee ☐ Independent ontractor	
Employee Employee	
17. Mandatany diatrihytiana	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gamin, proceeds to	Yes No
retain the state gaming license?	***************************************
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year \( \) \\$ <b>Part IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns \( \)	and (A), and Doub III. Bross O. Ob. 40b
	nd (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

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Schedule G (Form 990 or 990-EZ)

#### SCHEDULE O

Internal Revenue Service

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

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information. GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

**Employer identification number** 23-1607172

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE ACHIEVE THIS MISSION BY ADDRESSING THE UNIQUE NEEDS OF GIRLS THROUGH OUTREACH PROGRAMMING, ADVOCACY, AND EDUCATION, INCLUDING THE DEVELOPMENT OF MENTORING RELATIONSHIPS. GIRLS INC. PROGRAMS FOR GIRLS AGES 6 - 18 FOCUS ON LEADERSHIP AND COMMUNITY SERVICE; SCIENCE, FINANCIAL LITERACY; SPORTS; EARLY READING TECHNOLOGY AND MATH LITERACY; PROMOTING ALTHY LIFESTYLES AND DECISION MAKING; AND MEDIA LITERACY. FORM 990, PART III, 4D, HER PROGRAM SERVICES: LINE QIRLS INC. FACILITATES A JUVENILE JUSTICE SERVICES CENTER THE PHILADE JUVENILE JUSTICE SERVICES COMPREHENSIVE PROGRAM AT NIA CENTER (PJJSC) TWICE A WEEK ON A YEAR ROUND BASIS. THE CURRICULUM IS COMPOSED OF ACTIVITIES FROM THE FOLLOWING INC. PROGRAMS: HEALTHY **ECONOMIC LITERACY** READINESS, SEXUALITY, MEDIA LITERACY, FRIENDLY PEERSUASION. (149 PARTICIPANTS) EXPENSES \$ 60,000. INCLUDING GRANTS OF \$ 0. REVENU 0. GIRLS INC.'S BOLD FUTURES MENTORING PROJECT IS A GROUP MENTORING PROGRAM DESIGNED FOR GIRLS 9-14. OUR AFTER SCHOOL SESSIONS AIM TO INCREASE PARTICIPANTS COPING SKILLS, BOOST CONFIDENCE, AND DEVELOP THE RESOURCE AWARENESS AND SKILLS NEEDED TO AVOID AND POSITIVELY HANDLE SITUATIONS OF VIOLENCE. (111 PARTICIPANTS)

OTHER PROGRAMS, INCLUDING BUT NOT LIMITED TO: GIRLS INC. SPORTING

INCLUDING GRANTS OF \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2018)

REVENUE \$ 0.

EXPENSES \$ 52,469.

Name of the organization GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

Employer identification number 23-1607172

CHANCE BUILDS MOVEMENT AND ATHLETIC SKILLS, COOPERATIVE AND COMPETITIVE

SPIRIT, HEALTH AWARENESS, AND INTEREST IN ALL SPORTS AS GIRLS EXPLORE

THE BENEFITS OF AN ACTIVE LIFESTYLE.

EXPENSES \$ 120,347. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,000.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE
ORGANIZATION'S FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 PRIOR TO
FILING. THE ORGANIZATION PROVIDES A COPY, WITHOUT THE NAMES AND ADDRESSES
OF ANONYMOUS DONORS ON SCHEDULE B (TO HONOR ANONYMOUS DONORS' PREFERENCE),
TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING

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

ALL BOARD MEMBERS AND EMPLOYEES ARE NUBSECT TO THE CONFLICT OF INTEREST POLICY. POTENTIAL CONFLICTS ARE REPORTED TO THE BOARD. THE BOARD MAKES THE DETERMINATION AS TO WHETHER OR NOT A CONFLICT EXISTS. IN ADDITION TO THE REQUIREMENT TO DISCLOSE AS CONFLICT ARISE, CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY AND REQUIRED TO BE FILLED OUT AS A PART OF THE BOARD MEMBER CONTRACTS. IF A CONFLICT WERE TO ARISE, THE PERSON WITH A CONFLICT WOULD ABSTAIN FROM PARTICIPATION IN ANY DELIBERATION OR VOTE RELATED TO THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

ANNUALLY, THE FINANCE COMMITTEE REVIEWS, AND INDEPENDENT BOARD MEMBERS

ANNUALLY REVIEW AND APPROVE, COMPENSATION USING DATA OF SIMILARLY QUALIFIED

PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

ORGANIZATIONS. THE BOARD DISCUSSES THE EXECUTIVE DIRECTOR'S COMPENSATION

WHEN THE BUDGET IS REVIEWED. THE DELIBERATION AND FINAL DECISION ARE TIMELY

Name of the organization GIRLS INC. OF GREATER PHILA SOUTHERN NEW JERSEY	DELPHIA AND	Employer identification number 23-1607172				
DOCUMENTED AND APPROVED BY THE BOARD OF DIRECTORS.						
FORM 990, PART VI, SECTION B, LINE 15B:						
THERE ARE NO OTHER COMPENSATED PERSONS WH	MEET THE INTER	NAL REVENUE				
SERVICE DEFINITION OF OFFICER OR KEY EMPL	OYEE.					
FORM 990, PART VI, SECTION C, LINE 19:						
THE GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY AND	FINANCIAL				
STATEMENTS ARE AVAILABLE UPON REQUEST FROM	M THE EXECUTIVE	DIRECTOR.				
	<u> </u>					
	<b>7</b>					
	<b>-</b>					
	<u> </u>					
	<u></u>					