(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. TIIN 30

Open to Public Inspection

A I	For the	$_{2}$ 2019 calendar year, or tax year beginning $$ JUL $$ 1 , $$ $$ 2019 $$ $$ and ending	JUN 30, 2020					
В	Check if	C Name of organization	D Employer identific	ation number				
8	applicable	GIRLS INC. OF GREATER PHILADELPHIA AND						
	Addres	SOUTHERN NEW JERSEY						
	Name change		23-160717	72				
F	lnitial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si						
H	Final	1501 CHEDRY CURREN	215-735-7					
	return/ termin		G Gross receipts \$	1,590,806.				
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19102						
H	return □Applic		H(a) Is this a group re					
	tion pendin	F Name and address of principal officer: DENA HERRIN SAME AS C ABOVE		? Yes X No				
_			H(b) Are all subordinates inc					
				list. (see instructions)				
		te: WWW.GIRLSINCPA_NJ.ORG	H(c) Group exemption					
			/ear of formation: 1961 N	State of legal domicile: PA				
P	art I	Summary	DE 311 GEDIG E	10. DE				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO INSPI: STRONG, SMART, AND BOLD	RE ALL GIRLS 1	O BE				
na	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	18				
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)		18				
ە دە	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		22				
ij	6	Total number of volunteers (estimate if necessary)	·····	300				
≨	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.				
ĕ	b	Net unrelated business taxable income from Form 990-T, line 39		0.				
		,	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,068,235.	1,244,910.				
	9	Program service revenue (Part VIII, line 2g)	21,478.	7,805.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,242.	12,749.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,815.	648.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,107,140.	1,266,112.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	448,506.	739,027.				
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
en	l oa	Total fundraising expenses (Part IX, column (D), line 25) 109, 242.		<u> </u>				
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	208,234.	295,459.				
	''		656,740.	1,034,486.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	450,400.	231,626.				
	19	Revenue less expenses. Subtract line 18 from line 12						
ts o		Table access (Dark V. Para 40)	Beginning of Current Year 1,118,750.	End of Year 1,351,822.				
SSe	20	Total assets (Part X, line 16)	6,942.					
Net Assets or	21	Total liabilities (Part X, line 26)	1,111,808.	6,075. 1,345,747.				
_	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1,111,000.	1,343,747.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	tamente and to the heet of my	knowledge and helief it is				
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		knowledge and belief, it is				
uuu	, 001160	t, and complete. Declaration of preparer (other than officer) is based on an information of which prepare	arer rias arry knowledge.					
C:~	_	Signature of officer	Date					
Sig		DENA HERRIN, EXECUTIVE DIRECTOR	24.0					
Her	е	Type or print name and title						
			Date Check	T PTIN				
Paid	4	Print/Type preparer's name	P 12/23/20 of self-employe					
				41-0746749				
-	parer	Firm's name CLIFTONLARSONALLEN LLP Firm's address 610 W GERMANTOWN PIKE, SUITE 400	FIFTIN'S EIN	<u> </u>				
use	Only	PLYMOUTH MEETING, PA 19462	Dhart / 2	15) 643-3900				
N /	, th = !"	RS discuss this return with the preparer shown above? (see instructions)	Prione no. (2.	X Yes No				
ıvıa\	v uie it	10 GIBGUBB THIS TETRIT WITH THE DIEDATEL SHOWIT ADOVE! ISSE INSTRUCTIONS!		144 1 TCS 1 NO				

SOUTHERN NEW JERSEY 23-1607172 <u> Page</u> **2** Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY IS A 501(C)(3) NONPROFIT ORGANIZATION WHOSE MISSION IS TO INSPIRE GIRLS TO BE STRONG, SMART AND BOLD. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. 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. 154,521. including grants of \$ 0 •) (Revenue \$ 0.) (Expenses \$ 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. (197 PARTICIPANTS) 142,317. including grants of \$ $0_{\, \bullet \,}$) (Revenue \$) (Expenses \$ GIRLS INC. LEADERSHIP AND COMMUNITY ACTION BUILDS LEADERSHIP SKILLS AND CREATES LASTING SOCIAL CHANGE BY PARTNERING GIRLS AND WOMEN IN COMMUNITY ACTION PROJECTS CHOSEN BY GIRLS. (683 PARTICIPANTS) 119,226. 0 •_) (Revenue \$ 3,528. including grants of \$ GIRLS INC. OPERATION SMART BUILDS GIRLS' SKILLS AND INTEREST SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS. (608 PARTICIPANTS) Other program services (Describe on Schedule O.) 749.) 398, 268. including grants of \$ 0 •) (Revenue \$

814,332.

Form 990 (2019)

SOUTHERN NEW JERSEY

23-1607172 Page **3**

Part IV Checklist of Required Schedules

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	NO
•		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	٦		
•	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			
Ŭ	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,	Ť		
	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	Ė		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ . ,
	complete Schedule G, Part III	19		X
20a	The state of the s	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ . ,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019)

SOUTHERN NEW JERSEY

23-1607172

Page 4

Pa	rt 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
				X
	Schedule J	23	\vdash	<u> </u>
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			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 5a		05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	\vdash	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ľ	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30		1 00		X
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		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	500		
J		256		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\vdash	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,			No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 55	1.10
		-		
	Enter the Hamber of Forms W 2d monded if the fat. Enter of the applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u></u>
93200	4 01-20-20	Form	, 990 ((2019)

Form 990 (2019) SOU

SOUTHERN NEW JERSEY

23-1607172 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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. 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 Enter the amount of reserves on hand X 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 on Schedule O 14b 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? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

SOUTHERN NEW JERSEY

23-1607172

Page 6

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 on Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
па	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.							
b	, , , ,							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v				
_	officer, director, trustee, or key employee?	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v				
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		_X_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7				
	more members of the governing body?	7a		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37				
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		_X_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		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 13	12a	_X_					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		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 arrangement with a							
	taxable entity during the year?	16a		_X_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►PA, NJ							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	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 books and records							
	DENA HERRIN - 215-735-7775							
	1501 CHERRY STREET PHILADELPHIA PA 19102							

SOUTHERN NEW JERSEY

23-1607172 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.

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

(A)	(B)	J		((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any		<u> </u>				,	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				l _e		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 Miles)	organization
	organizations	trust	al tru		oyee	om pe		,		and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) FREDERICK MASTERS, ESQ.	3.00								_	_
CHAIR		Х		X				0.	0.	0.
(2) MARGARET RICKARD RUBINACCI	3.00									
FIRST VICE CHAIR		Х		X				0.	0.	0.
(3) SANIAH M. JOHNSON, CPA	3.00									
SECOND VICE CHAIR		Х		Х				0.	0.	0.
(4) ERICA GOODWIN	3.00									
SECRETARY		X		X				0.	0.	0.
(5) MIKE BROWN, CPA	3.00									
TREASURER		Х		X				0.	0.	0.
(6) DEBORAH BECK KAUFFMAN	3.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(7) MARY GAFFNEY	3.00									
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(8) JESSICA SHARP	3.00									
ASSISTANT SECRETARY		X		Х				0.	0.	0.
(9) LORI GARBER	3.00									
MEMBER		X						0.	0.	0.
(10) CHRISNA GOVIN	3.00									
MEMBER		X						0.	0.	0.
(11) JASON HECKLER	3.00									
MEMBER		Х						0.	0.	0.
(12) ERIC HOFMANN	3.00									
MEMBER		Х						0.	0.	0.
(13) SIMI HOQUE, PH.D	3.00									
MEMBER		Х						0.	0.	0.
(14) MELISSA HUTCHINSON	3.00									
MEMBER		Х						0.	0.	0.
(15) GILLIAN JOHNSON	3.00									
MEMBER		Х				L		0.	0.	0.
(16) SONJA RIVERA	3.00									
MEMBER		Х		L		L		0.	0.	0.
(17) ROBYN MENZEL WOLF	3.00									
MEMBER		Х						0.	0.	0.
										Earm 990 (2010)

Form **990** (2019)

Page 7

Form 990 (2019) SOUTHERN NEW JERSEY 23-1607172 Page 8

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employees	(continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	(44.0	Position					Reportable	Reportable	1	Estimate	ed
	hours per	(do not check more than one box, unless person is both an				s both	an	compensation	compensation	a	amount	of
	week	offic	cer and	d a di	recto	r/trust	tee)	from	from related		other	
	(list any	ector						the	organizations	СО	mpensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MISC)		from th	ie
	related	stee c	uste			ensa		(W-2/1099-MISC)		1	rganizat	
	organizations	al trus	nal tı		loyee	comp				1	nd relat	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizati	ions
	line)	pul	si Si	#0	Key	Hig	윤			-		
(18) SHELIA WOODS-SKIPPER	3.00											
MEMBER		Х	Ш					0.	0.			0.
(19) MAXINE CROOKS	3.00											
MEMBER- RESIGNED 11/2019		Х	Ш					0.	0.			0.
(20) DONNA HOLMES-LOCKETT	3.00											
MEMBER- RESIGNED 10/2019		Х						0.	0.			0.
(21) DENA R. HERRIN	40.00											
EXECUTIVE DIRECTOR				Х				111,498.	0.		2,4	00.
			П									
			Н							 		
			\vdash	\dashv						 		
4. 0		<u> </u>						111,498.	0.	1	2,4	00
1b Subtotal								0.	0.	-	4,4	0.
c Total from continuation sheets to Part VII								111,498.	0.	-	2,4	
d Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·			2,4	00.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable			1
compensation from the organization											1 1/	<u>_</u> _
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated emplo	oyee on			
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsat	tion	and	oth	ner compensation from th	e organization			
and related organizations greater than \$150	,000? If "Yes,	" co	mple	te S	che	dule	J fo	or such individual		4		X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individu	ual for services			
rendered to the organization? If "Yes, " com	olete Schedule	J fo	or su	ch r	ers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	t co	ntra	actor	s th	nat received more than \$1	00,000 of compensa	tion 1	from	
the organization. Report compensation for t												
(A)								(B)			(C)	
Name and business	address	NO	ONE	:				Description of se	ervices		ensatio	n
							\dashv					
							\dashv					
							\dashv					
2 Total number of independent contractors (in \$100,000 of componential from the organization from the organiza	•	ot lin	nited	to t	hos) ا		ted	above) who received mo	re tnan			

Form 990 (2019) SOUTHERN NEW JERSEY 23-1607172 Page 9

Pa	rt VI	III Statement of Rev	venue					
		Check if Schedule O c	contains a response o	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a	168,296.				
ant			1b					
يَ ق		c Fundraising events						
ifts ar A			1d					
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		e Government grants (contri		337,976.				
		f All other contributions, gifts,		-				
		similar amounts not included		738,638.				
e E	g	Noncash contributions included in I	lines 1a-1f 1g \$					
a C	h	h Total. Add lines 1a-1f		>	1,244,910.			
				Business Code				
e	2 a	a PROGRAM SERVI	CES	900099	7,805.	7,805.		
e Ķ	b	b						
Sc	c	c						
ran Sev	d	d						
rog	е	e						
۵		f All other program service			7 005			
_		g Total. Add lines 2a-2f			7,805.			
	3	Investment income (includ	•	•	12,618.			12,618.
	4	other similar amounts) Income from investment o			12,010.			12,010.
	5	Royalties		•				
	3	noyaliles	(i) Real	(ii) Personal				
	6 a	a Gross rents	6а	(-)				
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
		d Net rental income or (loss)	;)					
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 324,825.					
	b	b Less: cost or other basis						
ne		and sales expenses	7ь 324,694.					
Revenue	c	c Gain or (loss)	7c 131.					
	d	d Net gain or (loss)	<u></u>	>	131.			131.
Other	8 a	a Gross income from fundraising	ng events (not					
ō		· · · · · · · · · · · · · · · · · · ·	of					
		contributions reported on	·					
		Part IV, line 18			-			
		b Less: direct expenses						
		Net income or (loss) from tGross income from gaming	-	P				
	9 4	Part IV, line 19	-					
	h	b Less: direct expenses						
		c Net income or (loss) from		>				
		a Gross sales of inventory, le						
		and allowances						
	b	b Less: cost of goods sold						
		c Net income or (loss) from s		>				
-				Business Code				
Miscellaneous Revenue	11 a	a MISCELLANEOUS	<u>;</u>	900099	648.			648.
ane	b	b						
cell eve	C							
Mis	d	d All other revenue			6.40			
	е	e Total. Add lines 11a-11d		>	648.	7,805.		12 207
	12	Total revenue. See instruction	ans		$T \cdot \nabla DD \cdot TT = 0$	ı /.805.	0.	13,397.

932009 01-20-20

Part IX | Statement of Functional Expenses

Form 990 (2019) SOUTHERN NEW JERSEY 23-1607172 Page 10

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX _ (B) _	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	126,737.	65,903.	32,952.	27,882
6	Compensation not included above to disqualified	120,757.	03,303.	32,332.	27,002
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	504,915.	426,610.	38,770.	39,535
8	Pension plan accruals and contributions (include	202,020	,	30,7700	22,333
-	section 401(k) and 403(b) employer contributions)	6,000.	4.199.	1.801.	
9	Other employee benefits	42,597.	4,199. 28,835.	1,801. 9,587.	4.175
0	Payroll taxes	58,778.	46,788.	5,593.	4,175 6,397
1	Fees for services (nonemployees):			0,000	
a	Management				
b	Legal				
	Accounting	33,253.	26,444.	2,919.	3,890
	Lobbying	,	,	•	•
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,874.		2,874.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,118. 1,022.	87.	531. 622.	500
2	Advertising and promotion		400.		
3	Office expenses	12,398.	7,411.	1,190.	3,797
4	Information technology	1,251.	713.	418.	120
5	Royalties				
6	Occupancy	48,264.	38,053.	5,275.	4,936
7	Travel	3,161.	1,548.	1,613.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	31,847.	30,908.	939.	
0	Interest				
1	Payments to affiliates	2		2	
2	Depreciation, depletion, and amortization	2,551.	44 400	2,551.	4 = 4 =
3	Insurance	14,904.	11,480.	1,911.	1,513
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	112,112.	111,841.	120.	151
a b	EVENT RENTAL	14,902.	835.	120.	14,067
C	DUES	8,914.	5,776.	943.	2,195
d	EQUIPMENT RENTAL/REPAIR	6,888.	6,501.	303.	84
	All other expenses	2,2230	2,2220		
5	Total functional expenses. Add lines 1 through 24e	1,034,486.	814,332.	110,912.	109,242
6	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 (2019)

SOUTHERN NEW JERSEY

23-1607172 Page **11**

rm 99 art 2	90 (2 X 1	2019) SOUTHERN NEW J Balance Sheet	EKSI	11		<u> </u>	160/1/2 Page 1
art,	^	Check if Schedule O contains a response or not	e to an	line in this Part X			
		Check ii ochedule o contains a response of not	e to arr	THICH THIS PART X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			138,086.	1	334,753
	2	Savings and temporary cash investments			351,325.	2	340,864
	3	Pledges and grants receivable, net		199,695.		225,143	
	4	Accounts receivable, net			800.	4	3,500
	5	Loans and other receivables from any current or				,	
	•	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
	•	under section 4958(f)(1)), and persons described	: 4050(-\(0\/D\		6		
	7	Notes and loans receivable, net			7		
:	8				8		
<u> </u>	9	Inventories for sale or use			9,833.	9	23,123
`		Land, buildings, and equipment: cost or other	I		7,000.	9	25,125
'	Ua	· · · · · · · · · · · · · · · · · · ·	100	12 756			
	L	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	12,756.	5,846.	10c	3 295
_		1		411,220.		3,295 419,199	
	1	Investments - publicly traded securities		411,220.	11	419,193	
	2	Investments - other securities. See Part IV, line 1				12	
	3	Investments - program-related. See Part IV, line	l l		13		
	4	Intangible assets		1,945.	14	1,945	
	5	Other assets. See Part IV, line 11			1,118,750.	15	1,351,82
	6	Total assets. Add lines 1 through 15 (must equ			4,122.	16	6,07
	7	Accounts payable and accrued expenses		4,122.	17	0,07.	
	8	Grants payable		2,820.	18		
	9	Deferred revenue			2,020.	19	
	20	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
3 2	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
4	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	3 17-24)	Complete Part X			
		of Schedule D			6 040	25	6 071
2	26			. 177	6,942.	26	6,075
,		Organizations that follow FASB ASC 958, che	ck here	• ► <u>X</u>			
		and complete lines 27, 28, 32, and 33.			000 207		1 000 20
2					829,307.	27	1,068,324
i 2	28	Net assets with donor restrictions			282,501.	28	277,423
		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📖			
2 2 3 3 3 3 3		and complete lines 29 through 33.					
2 2	9	Capital stock or trust principal, or current funds				29	
} 3	0	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		30	
3 3	81	Retained earnings, endowment, accumulated in			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	31	4 6 4
3 3	2	Total net assets or fund balances			1,111,808.	32	1,345,747
1 2	3	Total liabilities and net assets/fund balances .			1,118,750.	33	1,351,822

SOUTHERN NEW JERSEY 23-1607172 Page 12 Form 990 (2019) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,266,112. Total revenue (must equal Part VIII, column (A), line 12) 1 1,034,486. Total expenses (must equal Part IX, column (A), line 25) 2 2 231,626. Revenue less expenses. Subtract line 2 from line 1 3 1,111,808. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 2,313. 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,345,747. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

GIRLS INC. OF GREATER PHILADELPHIA AND **Employer identification number** Name of the organization SOUTHERN NEW JERSEY 23-1607172 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 SOUTHERN NEW JERSEY

23-160<u>7172 Page 2</u>

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

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

956. 2573.									
956.									
956.									
956.									
956.									
956.									
956.									
956.									
956.									
956.									
956.									
573.									
otal									
529.									
724.									
262.									
515.									
788.									
ightharpoons									
8 %									
7 %									
ightharpoons X									
ightharpoons									
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
ightharpoons									
▶ □									

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SOUTHERN NEW JERSEY

23-1607172 Page 3

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.)

	der the tests listed b	elow, please comp	olete Part II.)				
Section A. Public	Support			T	_		
Calendar year (or fiscal	year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, cor	ntributions, and						
•	s received. (Do not						
include any "unu	sual grants.")						
2 Gross receipts fr merchandise sole formed, or faciliti any activity that organization's ta	d or services per- es furnished in						
3 Gross receipts frare not an unrela	ted trade or bus-						
iness under secti							
4 Tax revenues lev ization's benefit a or expended on i	and either paid to						
5 The value of serve furnished by a go the organization	overnmental unit to						
							
6 Total. Add lines7a Amounts include	· ·						
	disqualified persons						
b Amounts included on li from other than disqua exceed the greater of \$	ines 2 and 3 received						
	7b						
8 Public support.							
Section B. Total		1	•		•		
Calendar year (or fiscal	year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
 9 Amounts from lir 10a Gross income from dividends, paymous securities loans, 	ne 6 om interest, ents received on						
b Unrelated business							
(less section 511 ta acquired after June	axes) from businesses e 30, 1975						
c Add lines 10a an	d 10b						
11 Net income from activities not incl whether or not the regularly carried	unrelated business uded in line 10b, ne business is						
12 Other income. Do or loss from the s	o not include gain						
13 Total support. (Add	l lines 9, 10c, 11, and 12.)						
14 First five years.	If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	า 501(c)(3) organiz <i>a</i>	ıtion,
check this box a	nd stop here					<u></u>	>
Section C. Comp							
15 Public support p				column (f))		15	%
16 Public support p						16	%
Section D. Comp						т г	
17 Investment incor				ne 13, column (f))		17	%
18 Investment incor						18	%
19a 33 1/3% suppor							
b 33 1/3% support	3%, check this box ar t tests - 2018. If the	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	re than 33 1/3%, che						
20 Private foundati	on. If the organization	on did not check a	box on line 14, 19;	a, or 19b, check th	his box and see ins	tructions	▶

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SOUTHERN NEW JERSEY

23-1607172 Page 4

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 all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part 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 VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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 part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

		V	
Γ		Yes	No
ı	1		
	2		
ŀ	3a		
	3b		
H	3c		
ı	4a		
	та		
	4b		
	4c		
	5a		
ŀ	5b		
	5c		
ŀ	6		
	7		
	8		
	9a		
	9b		
	9c		
-	10a		
	10b		
90		n-F7)	2010

GIRLS INC. OF GREATER PHILADELPHIA AND Schedule A (Form 990 or 990-EZ) 2019 SOUTHERN NEW JERSEY 23-1607172 Page 5 **Supporting Organizations** (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c 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 Section 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 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 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions, С Yes No Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below.

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

Schedule A (Form 990 or 990-EZ) 2019 SOUTHERN NEW JERSEY 23-1607172 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al				
	other Type III non-functionally integrated supporting organizations must of	complete Se	ctions 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 non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035.	6						
_ 7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 **SOUTHERN NEW JERSEY** 23-1607172 Page 7

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)						
Secti	on D - Distributions	, , , , , , , , , , , , , , , , , , ,	(oonanaoa)	Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the								
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	Г	Г						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
а	From 2014								
b	From 2015								
С	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
	Applied to underdistributions of prior years								
h	Applied to 2019 distributable amount								
<u>i_</u>	Carryover from 2014 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h								
0	and 4b from line 1. For result greater than zero, explain in								
	-								
7	Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j								
'	and 4c.								
8	Breakdown of line 7:								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2010								

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SOUTHERN NEW JERSEY

23-1607172 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:						
MISCELLANEOUS							
2015 AMOUNT: \$	1,641.						
2016 AMOUNT: \$	8,662.						
2017 AMOUNT: \$	4,763.						
2018 AMOUNT: \$	3,548.						
2019 AMOUNT: \$	648.						

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

Employer identification number 23-1607172

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line	6.							
		(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 w	riting that the assets held in donor advise	d funds						
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No						
6									
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, P	art IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	`							
	Preservation of land for public use (for example, recreation)	. —	a historically important land area						
	Protection of natural habitat	Preservation of a	a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o							
	day of the tax year.		Held at the End of the Tax Year						
а			2a						
b									
С	Number of conservation easements on a certified historic structure								
d	Number of conservation easements included in (c) acquired af	*	e						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax						
	year ▶								
4	Number of states where property subject to conservation ease								
5	Does the organization have a written policy regarding the period								
	violations, and enforcement of the conservation easements it h								
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year						
	—								
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year						
_	> \$								
8	Does each conservation easement reported on line 2(d) above								
_	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation	·							
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the						
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets						
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.						
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works						
Ia	of art, historical treasures, or other similar assets held for publi	,							
	service, provide in Part XIII the text of the footnote to its finance	•	•						
h	If the organization elected, as permitted under FASB ASC 958								
b		•							
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,						
	provide the following amounts relating to these items:		•						
	(i) Revenue included on Form 990, Part VIII, line 1								
•		gurag or other similar appets for financial	·						
2	If the organization received or held works of art, historical treas		yairi, provide						
_	the following amounts required to be reported under FASB AS	_	•						
a	Revenue included on Form 990, Part VIII, line 1								
D	Assets included in Form 990, Part X		Ψ Ψ						

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Schedule D (Form 990) 2019

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

23-1607172 Page 2 SOUTHERN NEW JERSEY Schedule D (Form 990) 2019 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 make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С 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 to be sold to raise funds rather than to be maintained as part of the organization's collection? No 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 on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term 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 administered for the organization Yes Nο (i) Unrelated organizations 3a(i) (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. 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings Leasehold improvements 12,756. 9,461 , 295 d Equipment e Other 3,295 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2019

GIRLS INC. OF GREATER PHILADELPHIA AND 23-1607172 Page 3 SOUTHERN NEW JERSEY Schedule D (Form 990) 2019 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (3)(4)(5)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(6)(7)(8)(9)

Schedule D (Form 990) 2019 SOUTHERN NEW JERSEY 23-1607172 Page 4

rai	rt XI Reconciliation of Revenue per Audited Financial Stateme	enis with i	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,320,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,313.		
b	Donated services and use of facilities	. 2b	66,688.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	-11,596.		
е	Add lines 2a through 2d			2e	57,405.
3	Subtract line 2e from line 1			3	1,263,238.
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	2,874.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	2,874.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		· <u>·····</u>	5	1,266,112.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,086,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		1 1			
	Donated services and use of facilities	. 2a	66,688.		
b	Donated services and use of facilities Prior year adjustments		66,688.		
b c		. 2b	66,688.		
b c d	Prior year adjustments Other losses	2b 2c	66,688.		
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e	66,688.
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3	66,688. 1,020,016.
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		3	
c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d	2,874.	3	
c d e 3 4 a	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d		3	1,020,016.
c d e 3 4 a b	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b	2,874. 11,596.	3	

∣ Part XIII∣ Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, IT IS NOT SUBJECT TO

STATE OR FEDERAL INCOME TAXES. THE ORGANIZATION FOLLOWS THE PROVISIONS OF

THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THIS STANDARD

PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.

THE APPLICATION OF THIS STANDARD HAS HAD NO IMPACT ON THE ORGANIZATION'S

FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2019					CEN	PHILADELPH			23-1607172 Pa	nne 5
Part XIII	Supplement	al Inform	SOUTHERN I ation _{(continued}	()							ige o
DIRECT	SPECIAL	EVENT	EXPENSES	_	FY20	EVENT	CANCELLED	DUE	ТО		
COVID										-11,596	5.
										,	
סמסת עו	T T.TNE	1B - (OTHER ADJU	זפי	тмълто	z.					
IAKI A	LI, DINE	4D (DINER ADOC		THENT	<i>.</i>					
DIRECT	SPECIAL	EVENT	EXPENSES	_	FY20	EVENT	CANCELLED	DUE	TO		
COLLED										11 50/	_
COVID										11,596	•

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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 PROGRAMS, ADVOCACY, AND EDUCATION, INCLUDING THE DEVELOPMENT OF MENTORING RELATIONSHIPS. GIRLS INC. PROGRAMS FOR GIRLS AGES 6- 18 FOCUS ON LEADERSHIP AND COMMUNITY ACTION; SCIENCE, TECHNOLOGY AND MATH; EARLY GRADE READING; FINANCIAL LITERACY; PROMOTING HEALTHY LIFESTYLES AND DECISION MAKING; AND MEDIA LITERACY. THE ORGANIZATION SERVED APPROXIMATELY 2,000 GIRLS DURNG THE FISCAL YEAR 2020 AS A RESULT OF COVID-19.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GIRLS INC. EARLY GRADE LITERACY IS DESIGNED FOR CHILDREN IN 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 CRITICAL COMPONENT OF THIS PROGRAM. (323 PARTICIPANTS)

JUVENILE JUSTICE SERVICES CENTER: GIRLS INC. FACILITATES COMPREHENSIVE PROGRAM AT PHILADELPHIA JUVENILE JUSTICE SERVICES CENTER (PJJSC) WEEK ON A YEAR ROUND BASIS. THE CURRICULUM IS COMPOSED OF ACTIVITIES FROM THE FOLLOWING GIRLS INC. PROGRAMS: HEALTHY SEXUALITY, MEDIA ECONOMIC LITERACY, JOB READINESS, AND FRIENDLY PEERSUASION. LITERACY

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) (2019)

EXPENSES \$ 96,138.

REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) (2019)

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

Employer identification number 23-1607172

(123 PARTICIPANTS)

EXPENSES \$ 44,166. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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 \$ 257,964. INCLUDING GRANTS OF \$ 0. REVENUE \$ 749.

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 12C:

ALL BOARD MEMBERS AND EMPLOYEES ARE SUBJECT 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