### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

# 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.

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

Open to Public Inspection

<u>A</u>	For the	2021 calendar year, or tax year beginning JUL I, ZUZI and ending	<u>JUN 30, 2022</u>									
В	Check if applicable	C Name of organization	D Employer identifi	cation number								
_		GIRLS INC. OF GREATER PHILADELPHIA AND										
L	Addres	F   SOUTHERN NEW JERSEY										
	Name change	Doing business as	23-16071	72								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su										
	□Final return/	1901 S 9TH STREET 602	215-735-	7775								
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,139,261.								
	Ameno return	PHILADELPHIA, PA 19148	H(a) Is this a group r	eturn								
	Application	F Name and address of principal officer: DENA A ILLIANTIN	for subordinates									
	pendin	9 SAME AS C ABOVE	<b>H(b)</b> Are all subordinates i	ncluded? Yes No								
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or 5	if "No," attach a	list. See instructions								
J	Websit	e: ► WWW.GIRLSINCPA-NJ.ORG	H(c) Group exemption	n number 🕨								
K	Form of	organization: X Corporation Trust Association Other ▶ L Ye		∧ State of legal domicile: PA								
		Summary	•	·								
_	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}\ {\hbox{{\tt INSPII}}}$	RE ALL GIRLS	TO BE								
& Governance		STRONG, SMART, AND BOLD.										
'n	STRONG, SMART, AND BOLD.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š		Number of voting members of the governing body (Part VI, line 1a)		19								
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		19								
ళ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		21								
Activities		Total number of volunteers (estimate if necessary)		300								
¥		Total unrelated business revenue from Part VIII, column (C), line 12		0.								
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.								
_	5	Net differed busiless taxable income from 1 offit 990-1, Fart 1, line 11	Prior Year	Current Year								
ane		Contributions and grants (Dort VIII line 1b)	1,276,617.									
		Contributions and grants (Part VIII, line 1h)	30,585.	0.								
Revenue		Program service revenue (Part VIII, line 2g)	8,833.	79,051.								
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0,033.	-35,897.								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,316,035.	1,712,626.								
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.								
	I	Benefits paid to or for members (Part IX, column (A), line 4)	682,633.	991,181.								
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.								
х	b	Total fundraising expenses (Part IX, column (D), line 25)   129,991.	240 001	222 760								
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,081.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	922,714.									
. 0		Revenue less expenses. Subtract line 18 from line 12	393,321.									
Net Assets or Fund Balances			Beginning of Current Year	End of Year								
Sset	20	Total assets (Part X, line 16)	2,087,904.	2,314,795.								
et A	21	Total liabilities (Part X, line 26)	224,159.	207,050.								
		Net assets or fund balances. Subtract line 21 from line 20	1,863,745.	2,107,745.								
	art II	Signature Block										
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat		y knowledge and belief, it is								
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.									
		Dena Herrin	12/16/2	<u> 2022                                  </u>								
Sig	ın	Signature of officer	Date									
He	re	DENA R. HERRIN, EXECUTIVE DIRECTOR										
		Type or print name and title	10.									
		Print/Type preparer's name Preparer's signature	Date Check [	PTIN								
Pai		JENNIFER SOLOT Longy blot. Col	12/15/2022 if self-employ									
Pre	parer	Firm's name ▶ BBD, LLP	Firm's EIN ▶	23-2896692								
Use	Only	Firm's address 1835 MARKET STREET, 3RD FLOOR										
_		PHILADELPHIA, PA 19103	Phone no.21	5-567-7770								
Ma	v tha IE	RS discuss this return with the preparer shown above? See instructions		X Ves No								

	1990 (2021) SOUTHERN NEW JERSEY 23-160/1/2	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO INSPIRE ALL GIRLS TO BE STRONG, SMART, AND BOLD, THROUGH DIRECT SERVICE AND ADVOCACY. IN PARTNERSHIP WITH SCHOOLS A	MD
	AT OUR GIRLS INC. CENTER, WE FOCUS ON THE DEVELOPMENT OF THE WHOLE	עע
	GIRL. SHE LEARNS TO VALUE HERSELF, TAKE RISKS, AND DISCOVER AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		s X No
	If "Yes," describe these new services on Schedule O.	5 110
3		s X No
Ü	If "Yes," describe these changes on Schedule O.	3 [==] 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$115 , 137 • including grants of \$) (Revenue \$	)
	STRONG PROGRAMS:	′
	-GIRLS INC. FRIENDLY PEERSUASION BUILDS GIRLS' SKILLS FOR RESISTING	G
	PRESSURE TO USE HARMFUL SUBSTANCES SUCH AS ALCOHOL, TOBACCO, HOUSE	HOLD
	CHEMICALS, AND OTHER DRUGS.	
	-GIRLS INC. HEALTHY SEXUALITY ASSISTS GIRLS IN UNDERSTANDING AND	
	EMBRACING SEXUALITY WITH A POSITIVE, EMPOWERED APPROACH THAT IS BU	ILT
	ON A FOUNDATION OF ACCURATE INFORMATION, CULTURAL SENSITIVITY, AND	
	VALUES OF INCLUSIVENESS AND RESPECT.	
	-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.	
	-GIRLS INC. MEDIA LITERACY ENCOURAGES GIRLS TO THINK CRITICALLY ABO	TUC
4b	(Code:) (Expenses \$ 546,166 ·including grants of \$) (Revenue \$	)
	SMART PROGRAMS:	_
	-GIRLS INCS.'S EARLY LITERACY INITIATIVE IS DESIGNED TO HELP INCRE	
	LITERACY RATES, TESTING SCORES, AND FOSTER A LIFELONG LOVE OF READ	ING
	FOR PARTICIPANTS IN GRADES K-3.	
	-GIRLS INC. ECONOMIC LITERACY INTRODUCES GIRLS TO BASIC ECONOMIC A	
	FINANCIAL CONCEPTS, INCLUDING MONEY MANAGEMENT, INVESTMENTS, AND G	LOBAL
	ECONOMICS.	
	-GIRLS INC. OPERATION SMART BUILDS GIRLS' SKILLS AND INTEREST IN	
	SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS.	
	700 022	
4c	(Code:) (Expenses \$298,833. including grants of \$) (Revenue \$	)
	-GIRLS INC. PROJECT BOLD STRENGTHENS GIRLS' ABILITIES TO LEAD SAFE	<b>D</b>
	LIVES BY DEVELOPING STRATEGIES FOR SELF-DEFENCE, SEEKING OUT CARING	
	ADULTS TO HELP WITH PERSONAL VIOLENCE, AND ADVOCATING ON VIOLENCE	
	ISSUES.	
	-GIRLS INC. LEADERSHIP AND COMMUNITY ACTION BUILDS LEADERSHIP SKIL	r.g
	AND CREATES LASTING SOCIAL CHANGE BY PARTNERING GIRLS AND WOMEN IN	
	COMMUNITY ACTION PROJECTS CHOSEN BY GIRLS.	
	-GIRLS INC. CAREER EXPLORATION INTRODUCES GIRLS TO A BROAD RANGE OF	F
	CAREER OPTIONS AND PROFESSIONALS IN THOSE CAREERS.	<u> </u>
	CIMELIN OF FEORE AND INCLUDE ON THE THOOLE CANDERD.	
44	Other program services (Describe on Schedule O.)	
→u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses   960,136.	
		990 (2021)

10301215 793760 4626

#### 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	X	
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	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			<b>l</b> .
	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. See instructions	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	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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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

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

Form 990 (2021)

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		163	
	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	00		x
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> a	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		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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%			- V
07	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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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			37
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	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	27		Х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	
	(gambling) winnings to prize winners?	1c	X	

132004 12-09-21

SOUTHERN NEW JERSEY

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 21							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	Х				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year? N/A	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
	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 N/A 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A	40-						
а		13a						
h	Note: See the instructions for additional information the organization must report on Schedule O.							
D	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							
•								
		14a		X				
	15 N/C   11   11   15   17   17   17   17   17	14b		<del></del>				
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 10		$\vdash$				
.5	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17						
	If "Yes " complete Form 6069							

Form 990 (2021)

SOUTHERN NEW JERSEY

23-1607172

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.

	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				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19							
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 19							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	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?								
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							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	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 on 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	Х					
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							
	on Schedule O how this was done	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?	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		Х				
	If "Yes" to line 15a or 15b, describe the process on 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)	s only	) avail	able				
	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, an	d fina	ncial					
	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							
	THE ORGANIZATION - 215-735-7775							
	1901 S 9TH STREET, 602, PHILADELPHIA, PA 19148							

132006 12-09-21

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	T	ai 1126			прс	isai	(D)	(E)	(F)
Name and title	Average	(C) Position			1		Reportable	Reportable	Estimated	
Name and the	hours per		do not check more than one ox, unless person is both an					compensation	compensation	amount of
	week			and a director/trustee)				from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	.nstee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			<b>3</b>
(1) DENA R. HERRIN	40.00									
EXECUTIVE DIRECTOR		1		Х				101,250.	0.	1,000.
(2) LORI GARBER, ESQ.	1.50									
CHAIR		Х		Х				0.	0.	0.
(3) GILLIAN JOHNSON	1.50									
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(4) KOMAL MAYEKAR	1.50									
SECOND VICE CHAIR		Х		Х				0.	0.	0.
(5) MIKE BROWN	1.50									
TREASURER		Х		Х				0.	0.	0.
(6) DEBORAH BECK KAUFFMAN	1.50							_	_	_
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(7) JESSICA G. SHARP	1.50								_	_
SECRETARY		Х		Х				0.	0.	0.
(8) MARY GAFFNEY	1.50	ļ								
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(9) FREDERICK MASTERS, ESQ.	1.50	ļ								
IMMEDIATE PAST BOARD CHAIR	1 50	Х		Х				0.	0.	0.
(10) SANIAH M. JOHNSON, CPA	1.50	ļ								•
PAST BOARD CHAIR	1 50	Х		Х				0.	0.	0.
(11) LISA GARNETT-WILLIS	1.50	١								0
MEMBER	1 50	Х						0.	0.	0.
(12) CHRISNA GOVIN	1.50	١,,							0	0
MEMBER	1 50	Х						0.	0.	0.
(13) JASON HECKLER	1.50	Į.,							0	0
MEMBER	1 50	Х				_		0.	0.	0.
(14) SIMI HOQUE, PH.D.	1.50	₩.								^
MEMBER	1.50	X						0.	0.	0.
(15) MILISSA HUTCHINSON	1.50	x						0.	0.	0.
(16) SANDRA MAZER MOSS	1.50	┢	$\vdash$				-	0.	0.	0.
MEMBER	1.30	X						0.	0.	0.
(17) MARGARET RICKARD RUBINACCI	1.50	1	$\vdash$		$\vdash$	$\vdash$	$\vdash$	0.	0.	<b>-</b>
MEMBER	1.30	X						0.	0.	0.
		122						0.	· ·	F 000 (2004)

132007 12-09-21

Part VII   Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C					<b>(F)</b>	
<b>(A)</b> Name and title	(B) Average	(C) Position				1		<b>(D)</b> Reportable	<b>(E)</b> Reportable			( <b>F)</b> stimate	
Name and the	hours per		not c	check more than one ess person is both an				compensation	compensation			nount	
	week	$\vdash$	cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any hours for	rector						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	iC/		om the anizat	
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (100)		_	d relat	
	below	Individual trustee or director	Institutional trustee	Ser.	Key employee	Highest compensated employee	ner	,			orga	anizati	ons
	line)	ındi	Insti	Officer	Key	High	For						
(18) SONJA RIVERA	1.50	<b>.</b> ,								_			0
MEMBER (19) JULIE VERDUGO	1.50	Х				-		0.		0.			0.
MEMBER	1.50	X						0.		0.			0.
(20) SHEILA WOODS-SKIPPER	1.50					$\vdash$							
MEMBER		х						0.		0.			0.
		-											
						$\vdash$							
		1											
-													
		1											
1b Subtotal								101,250.		0.		1,0	
c Total from continuation sheets to Part V								0.		0.		1,0	0.
d Total (add lines 1b and 1c)							<u> </u>	101,250.	000 - 6 1-1-1			1,0	00.
2 Total number of individuals (including but r compensation from the organization ▶	iot iimited to tr	iose	IIST	ea ai	DOV	e) wi	10 r	eceived more than \$100	,000 of reportable	е			1
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director, trust	ee, I	key (	emp	loye	e, o	r hig	ghest compensated emp	loyee on	I			
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the se													
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J t	for such individual			4		X
5 Did any person listed on line 1a receive or	•				•			· ·					v
rendered to the organization? If "Yes," com Section B. Independent Contractors	nplete Schedul	e J t	or s	uch	pers	son					5		X
Complete this table for your five highest co	mponeated in	don	ando	ont c	onti	racto	ore t	that received more than	\$100,000 of com	none	ation	from	
the organization. Report compensation for										iperis	allon	110111	
(A)	<u> </u>	-	5	<u>g .</u>		<u> </u>		(B)	,		((	C)	
Name and business	address	N	INC	E				Description of s	ervices	С		nsatio	n
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (		ot li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	ization >					0						000	
											Form	<b>990</b> (2	2021)

132008 12-09-21

SOUTHERN NEW JERSEY

Pa	Part VIII Statement of Revenue									
		Check if Schedule O contains a response or note to any lir	e in this Part VIII							
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514				
S S	1 2	a Federated campaigns1a				300110113 012 014				
ran		o Membership dues 1b								
S, G		Fundraising events 1c 91,630.								
Sift; lar /		d Related organizations								
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e 418,312.								
tior S 's	f	All other contributions, gifts, grants, and								
ibu He		similar amounts not included above <b>1f</b> 1,159,530.								
ont nd (	_	Noncash contributions included in lines 1a-1f	1 660 470							
a C	h		1,669,472.							
σ.	0 -	Business Code								
Program Service Revenue	2 a b									
Ser	C									
am	d									
ogr	е									
P	f	All other program service revenue								
	g	Total. Add lines 2a-2f								
	3	Investment income (including dividends, interest, and	11 (10			11 (10				
	_	other similar amounts)	11,612.			11,612.				
	4	Income from investment of tax-exempt bond proceeds								
	5	Royalties (ii) Personal								
	6 a	a Gross rents 6a								
		b Less: rental expenses 6b								
		Rental income or (loss) 6c								
	d	d Net rental income or (loss)								
	7 a	a Gross amount from sales of (i) Securities (ii) Other								
		assets other than inventory 7a 439,057.								
o	b	Less: cost or other basis								
Revenue	_	and sales expenses 76 371,618.  Gain or (loss) 67,439.								
3ev	6	d Net gain or (loss)	67,439.			67,439.				
_	8 a	a Gross income from fundraising events (not	0.7200			0.7200				
Othe		including \$ 91,630. of								
		contributions reported on line 1c). See								
		Part IV, line 18 8a 19,120.								
		Less: direct expenses 8b 55,017.	25 005			25 005				
		Net income or (loss) from fundraising events	-35,897.			-35,897.				
	9 a	a Gross income from gaming activities. See								
	h	Part IV, line 19 9a 9b 9b								
		b Less: direct expenses								
		a Gross sales of inventory, less returns								
		and allowances 10a								
	b	Less: cost of goods sold 10b								
	С	Net income or (loss) from sales of inventory								
sn		Business Code								
Miscellaneous Revenue	11 a									
ellar ven	b									
Sce	d	d All other revenue								
Σ		e Total. Add lines 11a-11d								
	12	Total revenue See instructions	1.712.626.	0.	0.	43 154				

#### 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 respon	se or note to any line in			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	121,200.	88,476.	19,392.	13,332
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	724,308.	528,978.	115,758.	79,572
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	72,584.	52,753.	11,745.	8,086 8,040
10	Payroll taxes	73,089.	53,355.	11,694.	8,040
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,436.		4,436.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	43,609.	8,054. 10,426.	34,341. 5,075.	1,21 <u>4</u> 99
12	Advertising and promotion	15,600.			99
13	Office expenses	24,143.	17,624.	3,863.	2,656
14	Information technology				
	Royalties				
16	Occupancy	51,884.	37,875.	8,301.	5,708
	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,565.	50,052.	10,970.	7,543
	Insurance	22,660.	16,542.	3,626.	2,492
	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.)				
	PROGRAM SUPPLIES	77,978.	77,978.		
	DUES	11,355.	8,289.	1,817.	1,249
_	PROGRAM SUPPLIES - DONA	6,976.	6,976.		
d	MISCELLANEOUS	6,563.	2,758.	3,805.	
е	All other expenses				
25	<b>Total functional expenses</b> . Add lines 1 through 24e	1,324,950.	960,136.	234,823.	129,991
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### Part X | Balance Sheet

Га	IL A	Daiance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			435,009.	1	461,168.
	2	Savings and temporary cash investments			265,902.	2	475,919.
	3	Pledges and grants receivable, net			448,521.	3	502,603.
	4	Accounts receivable, net		15,341.	4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	ns		5		
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			32,033.	9	37,545.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	336,092.			
	b	Less: accumulated depreciation	10b	82,118.	302,468.	10c	253,974.
	11	Investments - publicly traded securities			579,165.	11	583,586.
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	9,465.	15			
	16	Total assets. Add lines 1 through 15 (must e	2,087,904.	16	2,314,795.		
	17	Accounts payable and accrued expenses			5,432.	17	33,668.
	18	Grants payable		18			
	19	Deferred revenue			2,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or	former office	er, director,			
≝		trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of	these persoi	ns		22	
_	23	Secured mortgages and notes payable to ur	related third	d parties		23	
	24	Unsecured notes and loans payable to unrel	ated third pa	arties		24	
	25	Other liabilities (including federal income tax	, payables to	related third			
		parties, and other liabilities not included on l	ines 17-24).	Complete Part X	046 808		450 000
		of Schedule D			216,727.		173,382.
	26	Total liabilities. Add lines 17 through 25			224,159.	26	207,050.
ဟု		Organizations that follow FASB ASC 958,	check here	► X			
ည		and complete lines 27, 28, 32, and 33.			4 465 535		1 510 150
ala	27				1,465,735.	27	1,512,159.
B	28	Net assets with donor restrictions	398,010.	28	595,586.		
Ĕ		Organizations that do not follow FASB AS	C 958, chec	k here 🕨 📖 📗			
P.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Ϋ́	31	Retained earnings, endowment, accumulate			1 062 545	31	0 100 045
Ž	32	Total net assets or fund balances			1,863,745.	32	2,107,745.
	33	Total liabilities and net assets/fund balances			2,087,904.	33	2,314,795.

Form **990** (2021)

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1			50.
3	Revenue less expenses. Subtract line 2 from line 1	3		38	7,6	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				45.
5	Net unrealized gains (losses) on investments	5	_			52.
6	Donated services and use of facilities	6			6,9	76.
7	Investment expenses	7				-
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,	,10	7,7	45.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl		_			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	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 requ	ired aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. GIRLS INC. OF GREATER PHILADELPHIA AND

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SOUTHERN NEW JERSEY 23-1607172 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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 on 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 23-1607172 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	735,399.	1068235.	1244910.	1276617.	1669472.	5994633.	
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	735,399.	1068235.	1244910.	1276617.	1669472.	5994633.	
	Total. Add lines 1 through 3	735,399.	1000233.	1244910.	12/001/.	10094/2.	3994033.	
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,							
	a a l (f)						296,194.	
6	Public support. Subtract line 5 from line 4.						5698439.	
	etion B. Total Support						00001001	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	735,399.	1068235.	1244910.	1276617.	1669472.	5994633.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,820.	32,242.	12,618.	8,044.	11,612.	67,336.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	4 762	2 540	640		10 100	00 070	
	assets (Explain in Part VI.)	4,763.	3,548.	648.		19,120.	28,079.	
11	Total support. Add lines 7 through 10		,				6090048. 82,467.	
12	Gross receipts from related activities,	•	,			12	02,407.	
13	First 5 years. If the Form 990 is for the				-		▶□	
Sec	organization, check this box and stop here  Section C. Computation of Public Support Percentage							
	Public support percentage for 2021 (			column (f))		14	93.57 %	
15						15	93.65 %	
	15 Public support percentage from 2020 Schedule A, Part II, line 14							
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2020. If the							
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
	meets the facts-and-circumstances to	-		*	-			
b	10% -facts-and-circumstances tes	ū				•	10% or	
	more, and if the organization meets the		•		•		,	
	organization meets the facts-and-circ		-					
18	<b>Private foundation.</b> If the organization	n did not check a	pox on line 13, 16	a. 16b. 17a. or 17b	<ol><li>check this box a</li></ol>	ana see instruction	s 🕨 📖	

Schedule A (Form 990) 2021

### 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 be Section A. Public Support	pelow, please com	plete Part II.)				
	/c\ 0017	(F) 0010	(c) 0010	(4) 0000	(-) 0004	(£) Tatal
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a 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 exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						1
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			L		1	
<b>14 First 5 years.</b> If the Form 990 is for t	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here	lie Command D					▶∟
Section C. Computation of Pub			(0)		11	
Public support percentage for 2021						
Public support percentage from 2020					16	
Section D. Computation of Inve					11	
Investment income percentage for 20						
Investment income percentage from						47:
19a 33 1/3% support tests - 2021. If the	-					1 / Is not
more than 33 1/3%, check this box ab 33 1/3% support tests - 2020. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATION	an aid not chack a	1 NOV OD 1100 1/1 10	ra or iun chackt	THE DAY AND COD II	TETRLICTIONS	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	- Ou		
	5b		
	5с		
	6		
	0		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forr	n 990	2021
	-		

Par	t IV Supportin	g Organizations <sub>(continued)</sub>			
		•		Yes	No
11	Has the organization	accepted a gift or contribution from any of the following persons?			
а	A person who direct	ly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the gove	rning body of a supported organization?	11a		
b	A family member of	a person described on line 11a above?	11b		
С	A 35% controlled er	atity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	tion B. Type I Su	ıpporting Organizations			
				Yes	No
1		ody, members of the governing body, officers acting in their official capacity, or membership of one or			
		anizations have the power to regularly appoint or elect at least a majority of the organization's officers, s at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		supervised, or controlled the organization's activities. If the organization had more than one supported			
	,	be how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
		ions and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	• ,	ng such benefit carried out the purposes of the supported organization(s) that operated,			
		olled the supporting organization.	2		
Sec		upporting Organizations			
				Yes	No
1	Were a majority of the	ne organization's directors or trustees during the tax year also a majority of the directors			110
		of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ne supporting organization was vested in the same persons that controlled or managed			
	the supported organ		1		
Sec	tion D. All Type	III Supporting Organizations			
				Yes	No
1	Did the organization	provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax ye	ear, (i) a written notice describing the type and amount of support provided during the prior tax			
		e Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ning documents in effect on the date of notification, to the extent not previously provided?	1		
2		anization's officers, directors, or trustees either (i) appointed or elected by the supported			
		serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	_	ntained a close and continuous working relationship with the supported organization(s).	2		
3		ationship described on line 2, above, did the organization's supported organizations have a			
		ne organization's investment policies and in directing the use of the organization's all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ions played in this regard.	3		
Sec		functionally Integrated Supporting Organizations			
1		to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		on satisfied the Activities Test. Complete line 2 below.			
b	The organizat	on is the parent of each of its supported organizations. Complete line 3 below.			
С	The organizat	on supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answ	ver lines 2a and 2b below.		Yes	No
а	Did substantially all	of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organ	nization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	• •	ganizations and explain how these activities directly furthered their exempt purposes,			
	=	n was responsive to those supported organizations, and how the organization determined	_		
		constituted substantially all of its activities.	2a		
b		scribed on line 2a, above, constitute activities that, but for the organization's involvement,			
		rganization's supported organization(s) would have been engaged in? If "Yes," explain in			
		for the organization's position that its supported organization(s) would have engaged in	Oh.		
_		or the organization's involvement.	2b		
3 a		l Organizations. <b>Answer lines 3a and 3b below.</b> have the power to regularly appoint or elect a majority of the officers, directors, or			
	-	he supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
		exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	-	anizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

132025 01-04-22

Schedule A (Form 990) 2021

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	te 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 non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

SOUTHERN NEW JERSEY

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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	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		ı	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021		
_1_	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3_	Excess distributions carryover, if any, to 2021						
	From 2016						
	From 2017						
	From 2018						
	From 2019						
	From 2020						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
<u> </u>	Carryover from 2016 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount  Remainder, Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
3	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 2021. Subtract lines 3h						
Ū	and 4b from line 1. For result greater than zero, explain in						
	and 4b from line 1. For result greater than zero, explain in  Part VI. See instructions.						
7							
•	and 4c.						
8							
	a Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						

Schedule A (Form 990) 2021

23-1607172 Page 8 SOUTHERN NEW JERSEY 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, See line 1; Part	ction A, li IV, Section lines 5, 6	nes 1, 2 on D, lin	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a ; Part IV	a, 6, 9a, 9b, 9 ′, Section E, I	c, 11a, 11b ines 1c, 2a,	, and 11 2b, 3a, a	c; Part IV, Se and 3b; Part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, et for any additional information.
SCHEI	DULE A,	PART	II,	LINE	10,	EXPLAN	NATION	FOR	OTHER	INCOME:
MISC	ELLANEOU	S								
2017	AMOUNT:	\$	4,7	63.						
2018	AMOUNT:	\$	3,5	48.						
2019	AMOUNT:	\$	648	•						
GROSS	S FUNDRA	ISIN	G INC	COME						
2021	AMOUNT:	\$	19,	120.						

#### **Schedule B** (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY Organization type (check one):

23-1607172

Filers of:		Section:						
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
-	-	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General I	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special F	Rules							
:	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 1. Complete Parts I and II.						
l	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
) i	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
answer "N	No" on Part IV, line	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c) Total contributions	(d) Type of contribution
No1	Name, address, and ZIP + 4	\$ 305,324.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000 <u>.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  55,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$ <u>53,203.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$0,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 50,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 40,000.  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$ 35,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
_			
		<sup> </sup>	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of Honoush property given	(See instructions.)	Date received
		\$	
(a) No.	<i>(</i> / <sub>4</sub> )	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
(a) No.	<i>I</i> 6)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	

Employer identification number

Part III				501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	charitable, etc., contributions of \$	ng line entry. For t 6 <b>1,000 or less</b> for t	the year. (Enter this info. once.)		
(a) No	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift 	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, a					
	Transferee 3 name, address, an			elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
	Transferencia norma addressa an	er of gift	alationahin of transferor to transferor			
	Transferee's name, address, a	10 ZIP + 4		elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	f gift (d) Description of how gift is held			
		(e) Transf	er of aift			
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
	· · · · · · · · · · · · · · · · · · ·	(e) Transf	er of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		

#### **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

Inspection

Name of the organization

GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

**Employer identification number** 23-1607172

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officiality, in	(a) Donor advise	d 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		eld in donor advise	d funds
	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			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	_	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a) $\dots$		2c
d	Number of conservation easements included in (c) acquired			e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or	terminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the per		tion, handling of	
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	rvation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	itorcing conservation	on easements during the year
	▶ \$  Does each conservation easement reported on line 2(d) above		tfti 170/b	)/4//D)/3
8				
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati		-	
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	note to the organization:	s ili lariciai staterriei	its that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its final	•	•	•
b	If the organization elected, as permitted under FASB ASC 95			
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,, -		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			• • •
а	Revenue included on Form 990, Part VIII, line 1	~		<b>&gt;</b> \$
	Assets included in Form 990, Part X			

132051 10-28-21

Schedule D (Form 990) 2021

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

	dule D (Form 990) 2021 DOOTHILITIE					A ::	<del></del>	<u> </u>	<del>• • • • • • • • • • • • • • • • • • • </del>		age Z
Pai	t III   Organizations Maintaining Col	lections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accession,	and other record	ls, check	cany of the	following tha	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explair	n how th	ev further t	he organizati	on's exer	not purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or re										
_	to be sold to raise funds rather than to be maint								Yes		No
Pai	t IV   Escrow and Custodial Arrange										
	reported an amount on Form 990, Part X		) to 11 ti 10	organizatio	orr ariowered	100 011	1 01111 000	, r artiv,			
	Is the organization an agent, trustee, custodian		liary for	contribution	ns or other as	sets not	included				
ıu									Yes		No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and								_ 1es		_ INO
D	ii res, explain the arrangement in Part Alli and	a complete the to	ilowing t	able.					Amoun	·	
	5								Amoun	-	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										1
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liabili	ty?	└_	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. Ch										
Pai	t V Endowment Funds. Complete if the										
	(a	a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g g	End of year balance										
	Provide the estimated percentage of the curren	t voor and balana	o (lino 1	a column (	a)) hold as:	<u> </u>					
2	· · · · · · · · · · · · · · · · · · ·	t year end balanc		g, coluitiii (	a)) Helu as.						
a	Board designated or quasi-endowment	0/	_%								
b	Permanent endowment	%									
С	Term endowment \( \bigcup_{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\texict{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\tin}\tint{\text{\texitile}\text{\text{\text{\texi}\text{\text{\texitile}\text{\text{\texicl{\texitile\t{\texicl{\tiintet{\tinit}\texit{\texi}\tiint{\texitile\tinitht{\texitile\t	1.40007									
_	The percentages on lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the possessi	on of the organiza	ation tha	it are held a	and administe	red for th	ne organiz	ation	ı	<del>,  </del>	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				•				3b		
4	Describe in Part XIII the intended uses of the or		wment f	funds.							
Pai	t VI Land, Buildings, and Equipmer	nt.									
	Complete if the organization answered "	Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	( <b>c</b> ) Ac	cumulate	d	(d) Boo	k valu	e
		basis (investn	nent)	basis	(other)	dep	reciation				
	Land										
b	Buildings										
	Leasehold improvements			27	0,382.		55,73	37.	21	4,6	45.
	Equipment				5,710.		26,38			9,3	
	Other				-,		,			, ,	•
	Add lines 1a through 1e. (Column (d) must equa	al Form 000 Dort	Y colum	an (R) line i	100)				25	3,9	74
าบเส	n Aug illes la tillough le, (Coluitil (a) Hust equa	arı onu əəu, Fdil	n, coluit	וווופן, נטן ווו						- , <i>-</i>	, = •

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SOUTHERN N	EW JERSEY	23-	-1607172 Page <b>3</b>
Part VII Investments - Other Securities.			<u> </u>
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.	<u> </u>		
Complete if the organization answered "Yes	a" on Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(b) Book value	(e) memer or valuation: e set er ond	or your market value
(1)			
(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	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	" 4 <u>5</u> \		
Total. (Column (b) must equal Form 990, Part X, col. (B)   Part X   Other Liabilities.	ine 15.)	<u> </u>	
Complete if the organization answered "Yes	a" on Form 000 Part IV line	110 or 11f Soo Form 900 Part V line 25	
(a) Description of lightlift.	5 OITTOITH 990, Fait IV, line	The or This See Form 990, Fart A, line 25.	(b) Book value
			(b) Book value
(1) Federal income taxes (2) DEFERRED LEASE INCENTIVE			173,382.
<del>(-)</del>			175,502.
(3)			
<u>(4)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 25.)	<b>•</b>	173,382.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

_	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nte Wi	ith Revenue ner R		1007172
ı a	I NI	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	113 11	itii nevenue pei n	Cluii	••
1	Total	and a state of the			1	1,789,439.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				1770371031
a		nrealized gains (losses) on investments	2a	-150,652.		
b		ed services and use of facilities	2b	231,901.		
c		reries of prior year grants	2c			
d		(Describe in Part XIII.)	2d	-4,436.		
e		nes <b>2a</b> through <b>2d</b>			2e	76,813.
3		act line <b>2e</b> from line <b>1</b>			3	1,712,626.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,712,626.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts W	/ith Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	1,545,439.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	224,925.		
b	Prior y	rear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	224,925.
3		act line <b>2e</b> from line <b>1</b>			3	1,320,514.
4		nts included on Form 990, Part IX, line 25, but not on line 1:		4 426		
а		ment expenses not included on Form 990, Part VIII, line 7b	4a	4,436.		
		(Describe in Part XIII.)	4b			1 126
		nes 4a and 4b			4c	4,436. 1,324,950.
5 Da		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.			5	1,324,930.
			/ linco	1h and the Dort V line	1. Dort	V line 0: Dort VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			+, Part	A, IIIIe 2, Part AI,
111163	Zu anc	45, and Fart Air, lines 2d and 45. Also complete this part to provide any addit	ioriai ii i	iornation.		
PAI	ят х	, LINE 2:				
		,				
GA	AP R	EQUIRES ENTITIES TO EVALUATE, MEASURE,	REC	OGNIZE AND D	ISC	LOSE ANY
_		~		<u> </u>		
UN	CERT	AIN TAX POSITIONS. GAAP PRESCRIBES A MI	NIM	UM RECOGNITI	ON '	THRESHOLD
TH	AT A	TAX POSITION IS REQUIRED TO MEET IN OR	DER	TO BE RECOG	NIZ	ED IN THE
FI	NANC	IAL STATEMENTS. THE ORGANIZATION BELIEV	ES :	THAT IT HAD	NO 1	UNCERTAIN
TA	X PO	SITIONS AS DEFINED IN THE STANDARD.				
PA]	RT X	I, LINE 2D - OTHER ADJUSTMENTS:				
						4 406
TN.	∨EST	MENT MANAGEMENT FEES				-4,436.

# GIRLS INC. OF GREATER PHILADELPHIA AND

Schedule D (Form 990) 2021 Part XIII Supplemental In	SOUTHERN NEW JERSEY	23-1607172 Page 5
Part XIII   Supplemental II	nformation (continued)	
		Schedule D (Form 990) 2021

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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

2021

Open to Public Inspection

Name of the organization

GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY

Employer identification number 23-1607172

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	Ifilers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments</li> </ul>	sed funds through any of the following and solicitates and solicitates are solicitated and solicitates are solicitated and solicitated and solicitated are solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and sol	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

132081 10-21-21

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

Schedule G (Form 990) 2021

23-1607172 Page 2

Pa	ırt	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1 STRONG , SMART & BOLD	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	001. <b>(0)</b>
Revenue	1	Gross receipts	110,750.			110,750.
	2	Less: Contributions	91,630.			91,630.
	3	Gross income (line 1 minus line 2)	19,120.			19,120.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				55,017.
	10	Direct expense summary. Add lines 4 through				55,017. -35,897.
Pa	ırt	Net income summary. Subtract line 10 from I Gaming. Complete if the organization				33,037.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, mile 10, or	Toportod more than	
			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
aune			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a No," explain:				Yes No
40-	. \^/:	any of the evening time?	nuclead outperseded such	ormain at a dispuis est the state of	, unany	Vec N.
		ere any of the organization's gaming licenses re Yes," explain:	•		year?	Yes No
	_					
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## GIRLS INC. OF GREATER PHILADELPHIA AND

Sche	edule G (Form 990) 2021 SOUTHERN NEW JERSEY 23-	-T001	1/2	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a	l	%
		·· —		<del></del>
	An outside facility	[130		70
14	Enter the name and address of the person who prepares the organization's gaming/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?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
·	Too, onto hand address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
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 ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	•			

### GIRLS INC. OF GREATER PHILADELPHIA AND

Schedule G (Form 990) SOUTHERN NEW JERSEY	23-1607172 Page 4
Schedule G (Form 990) SOUTHERN NEW JERSEY  Part IV Supplemental Information (continued)	

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

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:
DEVELOP HER INHERENT STRENGTHS. THE COMBINATION OF LONG-LASTING
MENTORING RELATIONSHIPS, A PRO-GIRL ENVIRONMENT, AND RESEARCH-BASED
PROGRAMMING EQUIPS GIRLS TO NAVIGATE GENDER, ECONOMIC, AND SOCIAL
BARRIERS, AND GROW UP HEALTHY, EDUCATED, AND INDEPENDENT.
GIRLS INC. OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY SERVES OVER
2,000 GIRLS ANNUALLY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MEDIA AND ITS EFFECTS ON GIRLS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO:
-GIRLS INC. FRIENDLY PERSUASION BUILDS GIRLS' SKILLS FOR RESISTING
PRESSURE TO USE HARMFUL SUBSTANCES SUCH AS ALCOHOL, TOBACCO, HOUSEHOLD
CHEMICALS, AND OTHER DRUGS.
-GIRLS INC. HEALTHY SEXUALITY ASSISTS GIRLS IN UNDERSTANDING AND
EMBRACING SEXUALITY WITH A POSITIVE, EMPOWERED APPROACH THAT IS BUILT
ON A FOUNDATION OF ACCURATE INFORMATION, CULTURAL SENSITIVITY, AND
VALUES OF INCLUSIVENESS AND RESPECT.
-GIRLS INC. ECONOMIC LITERACY INTRODUCES GIRLS TO BASIC ECONOMIC AND
FINANCIAL CONCEPTS, INCLUDING MONEY MANAGEMENT, INVESTMENTS, AND GLOBAL
ECONOMICS.
-GIRLS INC. OPERATION SMART BUILDS GIRLS' SKILLS AND INTEREST IN

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SCIENCE,

TECHNOLOGY, ENGINEERING, AND MATHEMATICS.

-GIRLS INC. CAREER EXPLORATION INTRODUCES GIRLS TO A BROAD RANGE OF
CAREER OPTIONS AND PROFESSIONALS IN THOSE CAREERS.

-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.

-MEDIA LITERACY ENCOURAGES GIRLS TO THINK CRITICALLY ABOUT MEDIA
MESSAGES AND FOSTERS THEIR AWARENESS OF THE POWER OF THE MEDIA AND ITS
EFFECTS ON GIRLS.

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 DISCLOSURE 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