Form **990**

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)

▶ 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.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 04-01-2021 , and ending 03-31-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GIRLS INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
120 WALL STREET

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10005

D Employer identification number
13-1915124

E Telephone number
(212) 509-2000

G Gross receipts $ 36,235,848

F Name and address of principal officer:
STEPHANIE HULL
120 WALL STREET
NEW YORK,NY 10005

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GIRLSINC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1945

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
GIRLS INC. INSPIRES ALL GIRLS TO BE STRONG, SMART, AND BOLD THROUGH DIRECT SERVICE AND ADVOCACY.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	63
6	Total number of volunteers (estimate if necessary)	**6**	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	15,298,578	24,596,335
	9	Program service revenue (Part VIII, line 2g)	632,709	634,941
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,359,177	3,228,723
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34,251	-197,160
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,256,213	28,262,839
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,353,043	5,573,013
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,826,301	6,249,118
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,766,436		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,418,837	2,782,509
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,598,181	14,604,640
	19	Revenue less expenses. Subtract line 18 from line 12	2,658,032	13,658,199

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	43,838,737	58,418,129
	21	Total liabilities (Part X, line 26)	2,576,446	2,531,466
	22	Net assets or fund balances. Subtract line 21 from line 20	41,262,291	55,886,663

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2022-12-09

▶ STEPHANIE HULL PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-12-09		P01271193

Firm's name ▶ KSM BUSINESS SERVICES INC — Firm's EIN ▶ 35-2123203

Firm's address ▶ PO BOX 40857
INDIANAPOLIS, IN 46240 — Phone no. (317) 580-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

GIRLS INC. INSPIRES ALL GIRLS TO BE STRONG, SMART, AND BOLD THROUGH DIRECT SERVICE AND ADVOCACY. OUR PROGRAMMING IS DELIVERED TO GIRLS IN PARTNERSHIP WITH SCHOOLS AND AT OUR CENTERS ACROSS 77 AFFILIATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 5,237,458 including grants of $ 3,952,970) (Revenue $ 634,941)

AFFILIATE SERVICES AND GROWTH: GIRLS INC. INSPIRES ALL GIRLS TO BE STRONG, SMART, AND BOLD. OUR COMPREHENSIVE APPROACH TO WHOLE GIRL DEVELOPMENT EQUIPS GIRLS TO NAVIGATE GENDER, ECONOMIC, AND SOCIAL BARRIERS. GIRLS, INC. IS A NATIONAL ORGANIZATION WITH A NETWORK OF 77 AFFILIATES SERVING GIRLS AGES 5 THROUGH 18.

4b (Code:) (Expenses $ 6,054,801 including grants of $ 1,615,583) (Revenue $)

PROGRAM, RESEARCH AND TRAINING: THROUGH PROGRAMMING, RESEARCH, AND TRAINING, GIRLS INC. ENSURES THAT AFFILIATES ACROSS THE NATION CAN DELIVER THE GIRLS INC. EXPERIENCE, WHICH CONSISTS OF PEOPLE, AN ENVIRONMENT, AND PROGRAMMING THAT, TOGETHER, EQUIP GIRLS TO SUCCEED.

4c (Code:) (Expenses $ 917,075 including grants of $ 4,460) (Revenue $)

PUBLIC EDUCATION AND ADVOCACY: INFORMED BY GIRLS AND THEIR FAMILIES, GIRLS INC. ALSO ADVOCATES FOR LEGISLATION AND POLICIES THAT INCREASE OPPORTUNITIES FOR ALL GIRLS AND TACKLES THE SYSTEMATIC BARRIERS THAT AFFECT THE CONDITIONS IN WHICH THEY ARE GROWING UP.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 12,209,334

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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	Yes	
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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	Yes	
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	34		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 63		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule N.	16		No
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? If "Yes," complete Form 6069.	17		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
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		Yes	
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		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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 in Schedule O*	9			No

Section 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	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,AK,AR,CA,CO,CT,FL,GA,IL,IN,KS,KY,MN,NC,MA,AZ,MD,NJ,NM,NY,ND,OH,OK,OR,WV,WI,MI,VA,WA,SC,TN,PA,RI,ME,MS,MO,NH,UT,HI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: ▶REBECCA CARROLL 441 WEST MICHIGAN STREET INDIANAPOLIS,IN 46202 (317) 634-7546

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, or 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHANIE HULL PRESIDENT & CEO	40.00	X		X				419,595	0	20,564
(2) ANTHONY BUCCI BOARD CHAIR	1.00	X		X				0	0	0
(3) JULIE OVERBECK SECRETARY AND INVESTMENT S	1.00	X		X				0	0	0
(4) AMY ADAMS TREASURER AND FISCAL OVERS	1.00	X		X				0	0	0
(5) MELANIE GRAY DIRECTOR	1.00	X						0	0	0
(6) ALISON KENNEY PAUL DIRECTOR	1.00	X						0	0	0
(7) DEBORAH P RUBIN DIRECTOR	1.00	X						0	0	0
(8) SANDRA CAMPOS DIRECTOR	1.00	X						0	0	0
(9) TAJ CLAYTON DIRECTOR	1.00	X						0	0	0
(10) AMY DILLON DIRECTOR	1.00	X						0	0	0
(11) RENEE FLAGLER DIRECTOR	1.00	X						0	0	0
(12) SUSAN GAMBARDELLA DIRECTOR	1.00	X						0	0	0
(13) JULIE GREINER WEISER DIRECTOR	1.00	X						0	0	0
(14) RASHIDA HODGE DIRECTOR	1.00	X						0	0	0
(15) LUANA LEWIS DIRECTOR	1.00	X						0	0	0
(16) CATE LUZIO DIRECTOR	1.00	X						0	0	0
(17) LISA MOORE DIRECTOR	1.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) SUE NAPPER DIRECTOR	1.00	X						0	0	0
(19) VANITA PATEL DIRECTOR	1.00	X						0	0	0
(20) DANA SULLIVAN DIRECTOR	1.00	X						0	0	0
(21) SONYA ULIBARRI DIRECTOR	1.00	X						0	0	0
(22) ALEXANDER CALICCHIA DIRECTOR	1.00	X						0	0	0
(23) YVETTE LEE BOWSER DIRECTOR	1.00	X						0	0	0
(24) ADRIANE JOHNSON-WILLIAMS DIRECTOR	1.00	X						0	0	0
(25) COURTNEY NAUDO DIRECTOR	1.00	X						0	0	0
(26) STEPHANIE SAVAGE DIRECTOR	1.00	X						0	0	0
(27) REBECCA CARROLL CHIEF FINANCIAL OFFICER	40.00			X				151,881	0	15,577
(28) PATRICIA DRISCOLL CHIEF OPERATING OFFICER	40.00				X			265,874	0	11,437
(29) LARA KAUFMANN DIR. OF PUBLIC POLICY	40.00					X		158,879	0	30,107
(30) VERONICA VELA DIR. OF MARKETING & COMMUN	40.00					X		162,163	0	24,389
(31) PENNY SHEPPARD DIR. OF LEARNING	40.00					X		133,286	0	16,044
(32) ROB REDDY SR. DIR. OF STRATEGIC INVEST.	40.00					X		143,700	0	6,985
(33) DELITA MARSLAND CHIEF DEV. OFFICER	40.00					X		186,611	0	22,591
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,621,989	0	147,694

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 16

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TAILWIND SOLUTIONS 200 32ND STREET BOULDER, CO 80305	CONSULTING SERVICES	148,750

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c	864,477		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,731,858		
	g Noncash contributions included in lines 1a - 1f:$	1g	5,843,104		
	h **Total.** Add lines 1a-1f . . . . . ▶		24,596,335		

Program Service Revenue	Business Code				
2a MEMBERSHIP DUES	624110	624,549	624,549		
b					
c					
d					
e					
f All other program service revenue.		10,392	10,392		
g **Total.** Add lines 2a–2f. . . . . ▶	634,941				

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		809,136			809,136
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a Gross rents	6a	71,424					
b Less: rental expenses	6b	0					
c Rental income or (loss)	6c	71,424					
d Net rental income or (loss) . . . . . ▶				71,424			71,424

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	7,141,279	2,930,533				
b Less: cost or other basis and sales expenses	7b	6,473,273	1,178,952				
c Gain or (loss)	7c	668,006	1,751,581				
d Net gain or (loss) . . . . . ▶				2,419,587			2,419,587

8a Gross income from fundraising events (not including $ 864,477 of contributions reported on line 1c). See Part IV, line 18	8a	52,200				
b Less: direct expenses	8b	320,784				
c Net income or (loss) from fundraising events . . ▶			-268,584			-268,584
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						

Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . . ▶		28,262,839	634,941	0	3,031,563

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,105,766	5,105,766		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	409,882	409,882		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	57,365	57,365		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,412,428	1,023,673	95,080	293,675
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	3,612,573	2,638,612	132,486	841,475
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	885,347	645,418	40,306	199,623
10 Payroll taxes	338,770	246,878	15,538	76,354
11 Fees for services (non-employees):				
a Management				
b Legal	7,836		7,836	
c Accounting	30,100		30,100	
d Lobbying	7,595	7,595		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	104,374		104,374	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,598,028	1,298,925	112,073	187,030
12 Advertising and promotion				
13 Office expenses	121,463	63,633	4,667	53,163
14 Information technology	128,230	128,230		
15 Royalties				
16 Occupancy	319,893	233,065	44,405	42,423
17 Travel	133,530	112,793	8,429	12,308
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	77,491	49,200	14,469	13,822
23 Insurance	68,933	43,767	12,870	12,296
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	107,452	85,015	1,364	21,073
b DUES AND SUBSCRIPTIONS	43,677	25,610	4,873	13,194
c EQUIPMENT RENTAL AND MA	33,907	33,907	0	0
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	14,604,640	12,209,334	628,870	1,766,436
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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		6,558,550	2	12,908,675
	3	Pledges and grants receivable, net		1,262,301	3	1,190,435
	4	Accounts receivable, net		82,935	4	68,078
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		43,220	7	23,272
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		260,758	9	225,102
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 525,026			
	b	Less: accumulated depreciation	10b 449,835	1,268,699	10c	75,191
	11	Investments—publicly traded securities		21,146,902	11	30,342,169
	12	Investments—other securities. See Part IV, line 11		13,207,960	12	13,585,207
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		7,412	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		43,838,737	16	58,418,129
Liabilities	17	Accounts payable and accrued expenses		863,484	17	796,884
	18	Grants payable		1,281,122	18	1,301,840
	19	Deferred revenue		333,955	19	337,139
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		97,885	25	95,603
	26	**Total liabilities.** Add lines 17 through 25		2,576,446	26	2,531,466
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		11,908,313	27	18,217,037
	28	Net assets with donor restrictions		29,353,978	28	37,669,626
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		41,262,291	32	55,886,663
	33	Total liabilities and net assets/fund balances		43,838,737	33	58,418,129

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,262,839
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,604,640
3	Revenue less expenses. Subtract line 2 from line 1	3	13,658,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,262,291
5	Net unrealized gains (losses) on investments	5	966,173
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	55,886,663

Part 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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GIRLS INCORPORATED

Employer identification number
13-1915124

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).**

4 ☐ 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:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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.)

9 ☐ An agricultural research organization described in **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.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	10,619,349	14,303,575	12,270,450	15,298,578	24,596,335	77,088,287
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	10,619,349	14,303,575	12,270,450	15,298,578	24,596,335	77,088,287
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						19,848,004
6 **Public support.** Subtract line 5 from line 4.						57,240,283

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	10,619,349	14,303,575	12,270,450	15,298,578	24,596,335	77,088,287
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	653,708	900,928	967,703	911,807	880,560	4,314,706
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 assets (Explain in Part VI.). .	78,229	82,913		13,836		174,978
11 **Total support.** Add lines 7 through 10						81,577,971

12 Gross receipts from related activities, etc. (see instructions) **12** 4,770,334

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 70.170 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 68.280 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(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 business under section 513						
4 Tax revenues levied for the organization'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 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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(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 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.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2020 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section 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 year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

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

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

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

Section 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		

Section 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*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	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2017 AMOUNT: $ 78,229. 2018 AMOUNT: $ 82,913. 2019 AMOUNT: $ 0. 2020 AMOUNT: $ 13,836. 2021 AMOUNT: $ 0.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
GIRLS INCORPORATED	13-1915124

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,349	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	6,246	
c Total lobbying expenditures (add lines 1a and 1b)	7,595	
d Other exempt purpose expenditures	14,597,045	
e Total exempt purpose expenditures (add lines 1c and 1d)	14,604,640	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	880,232	
g Grassroots nontaxable amount (enter 25% of line 1f)	220,058	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	876,101	879,909	880,232	3,636,242
b Lobbying ceiling amount (150% of line 2a, column(e))					5,454,363
c Total lobbying expenditures	13,218	20,070	6,506	7,595	47,389
d Grassroots nontaxable amount	250,000	219,025	219,977	220,058	909,060
e Grassroots ceiling amount (150% of line 2d, column (e))					1,363,590
f Grassroots lobbying expenditures	4,495	6,006	383	1,349	12,233

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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

2021

Open to Public Inspection

Name of the organization
GIRLS INCORPORATED

Employer identification number
13-1915124

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☑ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,874,629	14,760,434	16,369,565	15,464,730	14,431,736
b Contributions . . .					
c Net investment earnings, gains, and losses	1,640,311	6,750,831	-935,888	1,556,351	1,691,220
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	664,333	636,636	673,243	651,516	658,226
f Administrative expenses					
g End of year balance	21,850,607	20,874,629	14,760,434	16,369,565	15,464,730

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 3.756 %
- **b** Permanent endowment ▶ 78.802 %
- **c** Term endowment ▶ 17.442 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**	Yes	
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		49,256	34,362	14,894
d Equipment		475,770	415,473	60,297
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				75,191

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(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) FUND HELD BY TRUSTEES	13,585,207	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	13,585,207	

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	95,603

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	29,410,730
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	966,173		
b	Donated services and use of facilities	2b	17,508		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	268,584		
e	Add lines **2a** through **2d**			2e	1,252,265
3	Subtract line **2e** from line **1**			3	28,158,465
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	104,374		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	104,374
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	28,262,839

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	14,786,358
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	17,508		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	268,584		
e	Add lines **2a** through **2d**			2e	286,092
3	Subtract line **2e** from line **1**			3	14,500,266
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	104,374		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	104,374
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	14,604,640

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	TO SUPPORT THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE. THE ENDOWMENT INCLUDES 10 INDIVIDUAL FUNDS ESTABLISHED FOR VARIOUS PURPOSES, SUCH AS BOARD DESIGNATED AND PERPETUAL TRUST.
PART X, LINE 2:	GIRLS INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. IN ADDITION, GIRLS INC. HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED MARCH 31, 2022 AND 2021. GIRLS INC. FILES U.S. FEDERAL AND STATES OF NEW YORK AND INDIANA INFORMATION TAX RETURNS. GIRLS INC. IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE FISCAL YEARS BEFORE MARCH 31, 2019. MANAGEMENT BELIEVES THAT GIRLS INC.'S INCOME TAX FILING POSITIONS WILL BE SUSTAINED ON AUDIT AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WILL RESULT IN MATERIAL CHANGE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DIFFERENCE BETWEEN DIRECT FUNDRAISING REVENUE AND EXPENSES 268,584.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIFFERENCE BETWEEN DIRECT FUNDRAISING REVENUE AND EXPENSES 268,584.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **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 INCORPORATED

Employer identification number
13-1915124

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☑ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	GENERAL OPERATIONS	8,277	VIA CHECK	0		
(2)		NORTH AMERICA	GENERAL OPERATIONS	8,277	VIA CHECK	0		
(3)		NORTH AMERICA	GENERAL OPERATIONS	23,527	VIA CHECK	0		
(4)		NORTH AMERICA	GENERAL OPERATIONS	12,009	VIA CHECK	0		
(5)		NORTH AMERICA	GENERAL OPERATIONS	5,277	VIA CHECK	0		
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 5

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	GIRLS INC. PROVIDES FUNDS IN THE FORM OF GRANTS OR ASSISTANCE TO GIRLS INC. AFFILIATE ORGANIZATIONS DURING THE COURSE OF SPECIFIC PROJECT WORK. FOR EACH PROJECT, THERE IS A CLEAR DELINEATION OF THE SELECTION CRITERIA, USUALLY THROUGH A PUBLISHED REQUEST FOR PROPOSALS (RFP). IN EVERY CASE, THE AFFILIATE ORGANIZATION MUST BE A MEMBER IN GOOD STANDING OF GIRLS INC. FOR EACH PROJECT, THERE IS A MANAGER WHO IS RESPONSIBLE FOR OVERSEEING THE WORK AND MONITORING THE PROJECT ACCOMPLISHMENTS. THERE ARE THREE TYPES OF FINANCIAL ASSISTANCE: 1. MINIGRANTS FOR SPECIFIC WORK - IN THIS CASE THERE IS A FORMAL CONTRACT DELINEATING THE TERMS FOR THE USE OF THE FUNDS BY THE AFFILIATE ORGANIZATION AND EXPECTATIONS FOR FINISHED PRODUCTS AND/OR REPORTING. THERE IS ALSO A PAYMENT SCHEDULE AND THE FINAL PAYMENT IS NOT MADE UNTIL THE CONTRACTED EXPECTATIONS HAVE BEEN MET. 2. STIPENDS TO REIMBURSE AFFILIATE STAFF FOR TRAVEL RELATED TO A GRANT ACTIVITY (AN EXAMPLE WOULD BE TRAVEL TO THE GIRLS INC. NATIONAL RESOURCE CENTER FOR A TRAINING PROGRAM). IN THIS CASE, AFFILIATE STAFF PROVIDE EXPENSE REPORTS. 3. SCHOLARSHIPS TO YOUNG WOMEN WHO HAVE BEEN MEMBERS OF THE AFFILIATE ORGANIZATION FOR A MINIMUM OF 2 YEARS. THE SCHOLARSHIP PROCESS IS COMPETITIVE. MINIGRANTS ARE TYPICALLY MANAGED BY A PROJECT MANAGER WHO IS RESPONSIBLE FOR MANAGING THE RELATIONSHIP AND DELIVERABLES FOR THE CONTRACT. THE PROJECT MANAGER INITIATES THE FIRST REQUEST FOR ANY PAYMENT TO THE AFFILIATE AND THE PROJECT MANAGER'S SUPERVISOR OR DEPARTMENT HEAD MUST SIGN OFF ON THE REQUEST PRIOR TO SUBMISSION TO FINANCE FOR PROCESSING THE PAYMENT. THE PROJECT OR TRAINING MANAGER FOR THE GRANT ACTIVITY REVIEWS AND SIGNS OFF ON THE EXPENSE REPORT AND INITIATES A REQUEST FOR PAYMENT. THE PROJECT OR TRAINING MANAGER'S SUPERVISOR OR DEPARTMENT HEAD MUST SIGN OFF ON THE REQUEST PRIOR TO SUBMISSION TO FINANCE FOR PROCESSING THE PAYMENT.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

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, lines 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 INCORPORATED

Employer identification number
13-1915124

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(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**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 VIRTUAL FILM FESTIVAL (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	916,677			916,677
	2 Less: Contributions	864,477			864,477
	3 Gross income (line 1 minus line 2)	52,200			52,200
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	52,200			52,200
	8 Entertainment	162,325			162,325
	9 Other direct expenses	106,259			106,259
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				320,784
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-268,584

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	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 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Schedule G (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GIRLS INCORPORATED

Employer identification number
13-1925124

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRLS INC OF GREATER PHILADELPHIA & SOUTHERN NJ 1301 CHERRY ST PHILADELPHIA,PA 19102	23-1607172	501(C)(3)	333,441	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(2) GIRLS INC AT THE YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS,MN 55403	41-0693891	501(C)(3)	85,077	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(3) GIRLS INC AT THE YWCA OF SYRACUSE & ONONDAGA CTY 401 DOUGLAS ST SYRACUSE,NY 13203	15-0532277	501(C)(3)	55,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(4) GIRLS INC OF BRISTOL 613 HIGHLAND AVE BRISTOL,VA 24201	62-0514164	501(C)(3)	10,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(5) GIRLS INC OF CHICAGO 325 N LASALLE ST SUITE 750 CHICAGO,IL 60654	81-4491475	501(C)(3)	223,439	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(6) GIRLS INC OF GREATER LOS ANGELES 9800 S LA CIENEGA BLVD UNIT 410 INGLEWOOD,CA 90301	81-1777303	501(C)(3)	92,599	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(7) GIRLS INC OF HAMBLEN COUNTY PO BOX 3058 MORRISTOWN,TN 37815	23-7306313	501(C)(3)	7,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(8) GIRLS INC OF JACKSON COUNTY 956 N OBRIEN ST SYLMOUR,IN 47274	35-0998714	501(C)(3)	14,465	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(9) GIRLS INC OF JOHNSON COUNTY 200 E MADISON STREET FRANKLIN,IN 46131	31-0901598	501(C)(3)	21,865	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(10) GIRLS INC OF KINGSPORT PO BOX 1435 JOHNSON CITY,TN 37605	62-6064042	501(C)(3)	143,742	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(11) GIRLS INC OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK,NY 11729	16-1736254	501(C)(3)	118,082	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(12) GIRLS INC OF METROPOLITIAN DALLAS 2040 EMPIRE CENTRAL DALLAS,TX 75235	75-1305705	501(C)(3)	344,259	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(13) GIRLS INC OF ORANGE COUNTY 1815 ANAHEIM AVE COSTA MESA,CA 92627	95-1810150	501(C)(3)	321,103	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING PROGRAM EXPANSION
(14) GIRLS INC OF OWENSBORO-DAVIESS COUNTY 2130 E 19TH STREET G OWENSBORO,KY 42303	61-0706477	501(C)(3)	20,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(15) GIRLS INC OF SHELBYVILLE & SHELBY C O 904 S MILLER ST SHELBYVILLE,IN 46176	35-1277849	501(C)(3)	41,406	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(16) GIRLS INC OF THE GREATER CAPITAL REGION 962 ALBANY ST SCHENECTADY,NY 12307	14-1434157	501(C)(3)	59,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(17) GIRLS INC OF THE ISLAND CITY 1724 SANTA CLARA AVE ALAMEDA,CA 94501	94-1581103	501(C)(3)	40,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(18) GIRLS INC OF WESTCHESTER COUNTY 501 N BROADWAY WHITE PLAINS,NY 10603	04-3831108	501(C)(3)	70,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(19) GIRLS INCORPORATED OF ALAMEDA COUNTY 510 16TH ST OAKLAND,CA 94612	94-1558073	501(C)(3)	82,385	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(20) GIRLS INCORPORATED OF CARPINTERIA 1515 FOOTHILL RD CARPINTERIA,CA 93013	23-7430292	501(C)(3)	13,259	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(21) GIRLS INCORPORATED OF CENTRAL ALABAMA PO BOX 130729 BIRMINGHAM,AL 35213	63-0328643	501(C)(3)	128,301	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(22) GIRLS INCORPORATED OF CHATTANOOGA 4505 BRAINERD RD STE 14 CHATTANOOGA,TN 37411	62-0647145	501(C)(3)	22,259	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(23) GIRLS INCORPORATED OF COLUMBUS & PHENIX-RUSSELL PO BOX 3096 COLUMBUS,GA 31903	58-6011441	501(C)(3)	25,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(24) GIRLS INCORPORATED OF DOTHAN PO BOX 622 DOTHAN,AL 36302	63-0717073	501(C)(3)	7,277	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(25) GIRLS INCORPORATED OF GREATER ATLANTA 441 MANGET ST MARIETTA,GA 30060	58-1276804	501(C)(3)	84,383	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(26) GIRLS INCORPORATED OF GREATER HOUSTON 1111 N LOOP WEST SUITE 180 HOUSTON,TX 77008	76-0483812	501(C)(3)	96,081	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(27) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 NORTH MERIDIAN ST INDIANAPOLIS,IN 46208	35-1337205	501(C)(3)	267,833	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(28) GIRLS INCORPORATED OF GREATER LOWELL 220 WESTERN STREET LOWELL,MA 01852	04-2104401	501(C)(3)	69,259	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(29) GIRLS INCORPORATED OF THE VALLEY (HOLYOKE) 6 OPEN SQUARE WAY HOLYOKE,MA 01040	04-2748244	501(C)(3)	10,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(30) GIRLS INCORPORATED OF HUNTSVILLE PO BOX 2046 HUNTSVILLE,AL 35810	63-0661410	501(C)(3)	43,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(31) GIRLS INCORPORATED OF JACKSONVILLE 100 FESTIVAL PARK JACKSONVILLE,FL 32202	59-1317196	501(C)(3)	8,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(32) GIRLS INCORPORATED OF JEFFERSON COUNTY 109 WEST 3RD STREET MADISON,IN 47250	35-1309946	501(C)(3)	19,783	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(33) GIRLS INCORPORATED OF LYNN 50 HIGH ST LYNN,MA 01902	04-2104250	501(C)(3)	137,259	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(34) GIRLS INCORPORATED OF MEMPHIS 930 CANCE AVE MEMPHIS,TN 38126	62-0512078	501(C)(3)	105,259	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(35) GIRLS INCORPORATED OF METRO DENVER 1499 JULIAN ST DENVER,CO 80219	74-2277668	501(C)(3)	106,939	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(36) GIRLS INCORPORATED OF NEW HAMPSHIRE 63 MARKET STREET MANCHESTER,NH 03101	23-7416090	501(C)(3)	9,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(37) GIRLS INCORPORATED OF NEW YORK CITY 120 WALL ST 18TH FLOOR NEW YORK,NY 10005	13-4028433	501(C)(3)	188,481	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(38) GIRLS INCORPORATED OF PINELLAS PARK 7700 61ST ST N PINELLAS PARK,FL 33781	59-0970201	501(C)(3)	54,261	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(39) GIRLS INCORPORATED OF SAN ANTONIO 118 N MEDINA SAN ANTONIO,TX 78207	20-5468038	501(C)(3)	138,301	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(40) GIRLS INCORPORATED OF SAN DIEGO PO BOX 120683 SAN DIEGO,CA 92030	23-7006183	501(C)(3)	132,027	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(41) GIRLS INCORPORATED OF SANTA FE 301 HILLSIDE AVENUE SANTA FE,NM 87501	85-0129250	501(C)(3)	19,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(42) GIRLS INCORPORATED OF SARASOTA COUNTY 201 SOUTH TUTTLE AVE SARASOTA,FL 34237	23-7363275	501(C)(3)	36,939	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(43) GIRLS INCORPORATED OF TARRANT COUNTY 1326 E WEATHERFORD ST FT WORTH,TX 76102	75-1514683	501(C)(3)	78,331	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(44) GIRLS INCORPORATED OF TENNESSEE VALLEY PO BOX 7040 OAK RIDGE,TN 37831	59-1743795	501(C)(3)	26,759	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(45) GIRLS INCORPORATED OF THE PACIFIC NORTHWEST 4800 SW MACADAM AVE STE 109 PORTLAND,OR 97239	54-2073930	501(C)(3)	97,208	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(46) GIRLS INCORPORATED OF WAYNE COUNTY 121 NORTH 10TH STREET RICHMOND,IN 47375	23-7188644	501(C)(3)	30,265	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(47) GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE ST WORCESTER,MA 01604	04-2123666	501(C)(3)	77,064	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(48) GIRLS INCORPORATED OF WASHINGTON COUNTY 1 E WASHINGTON AVE HAGERSTOWN,MD 21740	23-7052207	501(C)(3)	16,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(49) GIRLS INCORPORATED OF DUTCHESS COUNTY 209 CLINTON AVE KINGSTON,NY 12401	14-1338443	501(C)(3)	5,277	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(50) GIRLS INCORPORATED BAY COUNTY 1300 FOUNTAIN AVENUE PANAMA CITY,FL 32401	20-1217629	501(C)(3)	66,777	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(51) GIRLS INCORPORATED OF CENTRAL CONNECTICUT 130 LINCOLN STREET MERIDEN,CT 06451	41-2072419	501(C)(3)	10,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(52) GIRLS INCORPORATED OF SIOUX CITY PO BOX 3380 SIOUX CITY,IA 51102	48-1292483	501(C)(3)	78,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(53) GIRLS INCORPORATED OF ST LOUIS 3801 NELSON DRIVE ST LOUIS,MO 63123	43-0765316	501(C)(3)	414,981	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(54) GIRLS INCORPORATED OF TAUNTON 31 ARLINGTON STREET TAUNTON,MA 02780	04-2104248	501(C)(3)	13,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(55) GIRLS INC OF THE NORTHERN SACRAMENTO VALLEY 1320 YUBA ST STE 211 REDDING,CA 96001	54-2192527	501(C)(3)	33,527	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(56) GIRLS INC AT THE YWCA OF NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE,TN 37215	62-0475702	501(C)(3)	12,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(57) GIRLS INC OF DELAWARE 1501 N WALNUT 100 WILMINGTON,DE 19805	51-0073396	501(C)(3)	7,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(58) GIRLS INC OF FORT SMITH PO BOX 1253 FORT SMITH,AR 729021253	71-0355269	501(C)(3)	10,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(59) GIRLS INC OF GREATER MADISON 149 WAUBESA STREET MADISON,WI 53704	39-1919172	501(C)(3)	6,277	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(60) GIRLS INC OF GREATER MIAMI 4400 PALM LANE MIAMI,FL 33137	82-3269290	501(C)(3)	12,452	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(61) GIRLS INC OF GREATER SANTA BARBARA PO BOX 236 SANTA BARBARA,CA 93102	95-3680171	501(C)(3)	21,259	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(62) GIRLS INC OF JOHNSON CITY WASHINGTON COUNTY PO BOX 1435 JOHNSON CITY,TN 37605	62-0493392	501(C)(3)	10,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(63) GIRLS INC OF LAKELAND PO BOX 1975 LAKELAND,FL 33802	23-7101551	501(C)(3)	8,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(64) GIRLS INC OF OMAHA 2811 N 45TH ST OMAHA,NE 68104	47-0562184	501(C)(3)	7,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(65) GIRLS INC OF RAPID CITY PO BOX 2813 RAPID CITY,SD 57709	46-0275538	501(C)(3)	8,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(66) GIRLS INC OF SOUTHEAST WISCONSIN 5030 WASHINGTON AVE RACINE,WI 53403	39-1155004	501(C)(3)	35,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(67) GIRLS INC OF THE BERKSHIRES 165 EAST STREET PITTSFIELD,MA 012013324	20-5711238	501(C)(3)	9,777	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(68) GIRLS INC OF THE CENTRAL COAST 5201 8TH AVE S BIRMINGHAM,AL 35212	94-1541507	501(C)(3)	6,277	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(69) GIRLS INC OF THE SEACOAST AREA 2 HARRIS STREET NEWBURYPORT,MA 01950	04-3447507	501(C)(3)	47,777	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(70) GIRLS INC OF THE WASHINGTON DC METROPOLITAN AREA 5614 CONNECTICUT AVENUE NW WASHINGTON,DC 20015	84-1648959	501(C)(3)	122,777	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(71) GIRLS INC OF WESTERN CONNECTICUT 35 PARK PLACE WATERBURY,CT 06702	06-0646950	501(C)(3)	10,509	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING
(72) GIRLS INC OF WINTER HAVEN 2400 HAVENDALE BLVD STE 1 WINTER HAVEN,FL 33881	41-0746749	501(C)(3)	7,009	0			PASS THRU AFFILIATE; TRAVEL REIMBURSEMENT, TRAINING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 72

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) SCHOLARSHIP					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GIRLS INC. PROVIDES FUNDS IN THE FORM OF GRANTS OR ASSISTANCE TO GIRLS INC. AFFILIATE ORGANIZATIONS DURING THE COURSE OF SPECIFIC PROJECT WORK. FOR EACH PROJECT, THERE IS A CLEAR DELINEATION OF THE SELECTION CRITERIA, USUALLY THROUGH A PUBLISHED REQUEST FOR PROPOSALS (RFP). IN EVERY CASE, THE AFFILIATE ORGANIZATION MUST BE A MEMBER IN GOOD STANDING OF GIRLS INC. FOR EACH PROJECT, THERE IS A MANAGER WHO IS RESPONSIBLE FOR OVERSEEING THE WORK AND MONITORING THE PROJECT ACCOMPLISHMENTS. THERE ARE THREE TYPES OF FINANCIAL ASSISTANCE: 1. MINIGRANTS FOR SPECIFIC WORK - IN THIS CASE THERE IS A FORMAL CONTRACT DELINEATING THE TERMS FOR THE USE OF THE FUNDS BY THE AFFILIATE ORGANIZATION AND EXPECTATIONS FOR FINISHED PRODUCTS AND/OR REPORTING. THERE IS ALSO A PAYMENT SCHEDULE AND THE FINAL PAYMENT IS NOT MADE UNTIL THE CONTRACTED EXPECTATIONS HAVE BEEN MET. 2. STIPENDS TO REIMBURSE AFFILIATE STAFF FOR TRAVEL RELATED TO A GRANT ACTIVITY (AN EXAMPLE WOULD BE TRAVEL TO THE GIRLS INC. NATIONAL RESOURCE CENTER FOR A TRAINING PROGRAM). IN THIS CASE, AFFILIATE STAFF PROVIDE EXPENSE REPORTS. 3. SCHOLARSHIPS ISSUED TO GIRLS ARE FOR COLLEGE. EACH YEAR, EACH AFFILIATE CAN SUBMIT UP TO 5 APPLICATIONS (GIRLS). IN ORDER TO BE SUBMITTED THE FOLLOWING HAS TO APPLY: -GIRLS, INC. AFFILIATE IS IN GOOD STANDING -THE APPLICANT (GIRL) HAS HAD TWO YEARS OF GIRLS, INC. PROGRAMMING -THE APPLICANT HAS TO BE CURRENT WITH GIRLS, INC. (I.E. DOING PROGRAMMING, MENTORING, VOLUNTEERING, ETC.) -HAS CURRENT GPA OF AT LEAST 2.8 THE GIRLS WHO ARE SELECTED TO RECEIVE SCHOLARSHIPS ARE CHOSEN BY A COMMITTEE WHICH IS MADE UP OF NATIONAL BOARD MEMBERS, DONORS, ALUMNI, EMPLOYEES OF OTHER YOUTH SERVICE ORGANIZATIONS OR COLLEGES. ONCE SELECTED THE SCHOLARSHIP FUNDS ARE PUT INTO A PAYABLE ACCOUNT. THE SCHOLARSHIP MANAGER, CHRISSY KRAMER, RECEIVES REQUESTS FROM THE GIRLS FOR US TO PAY THEIR EDUCATION EXPENSES. THE FUNDS ARE PAID TO THE COLLEGE OR UNIVERSITY DIRECTLY, NOT THE GIRLS OR AFFILIATE. THE SCHOLARSHIP PROCESS IS COMPETITIVE. MINIGRANTS ARE TYPICALLY MANAGED BY A PROJECT MANAGER WHO IS RESPONSIBLE FOR MANAGING THE RELATIONSHIP AND DELIVERABLES FOR THE CONTRACT. THE PROJECT MANAGER INITIATES THE FIRST REQUEST FOR ANY PAYMENT TO THE AFFILIATE AND THE PROJECT MANAGER'S SUPERVISOR OR DEPARTMENT HEAD MUST SIGN OFF ON THE REQUEST PRIOR TO SUBMISSION TO FINANCE FOR PROCESSING THE PAYMENT. THE PROJECT OR TRAINING MANAGER FOR THE GRANT ACTIVITY REVIEWS AND SIGNS OFF ON THE EXPENSE REPORT AND INITIATES A REQUEST FOR PAYMENT. THE PROJECT OR TRAINING MANAGER'S SUPERVISOR OR DEPARTMENT HEAD MUST SIGN OFF ON THE REQUEST PRIOR TO SUBMISSION TO FINANCE FOR PROCESSING THE PAYMENT.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ 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 INCORPORATED

Employer identification number
13-1915124

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHANIE HULL PRESIDENT & CEO	(i)	339,457	80,000	138	9,664	10,900	440,159	0
	(ii)	0	0	0	0	0	0	0
2 PATRICIA DRISCOLL CHIEF OPERATING OFFICER	(i)	238,314	25,000	2,560	8,662	2,775	277,311	0
	(ii)	0	0	0	0	0	0	0
3 DELITA MARSLAND CHIEF DEV. OFFICER	(i)	185,621	0	990	5,790	16,801	209,202	0
	(ii)	0	0	0	0	0	0	0
4 LARA KAUFMANN DIR. OF PUBLIC POLICY	(i)	156,799	0	2,080	4,849	25,258	188,986	0
	(ii)	0	0	0	0	0	0	0
5 VERONICA VELA DIR. OF MARKETING & COMMUN	(i)	159,941	0	2,222	5,598	18,791	186,552	0
	(ii)	0	0	0	0	0	0	0
6 REBECCA CARROLL CHIEF FINANCIAL OFFICER	(i)	150,585	0	1,296	5,304	10,273	167,458	0
	(ii)	0	0	0	0	0	0	0
7 ROB REDDY SR. DIR. OF STRATEGIC INVEST.	(i)	142,509	0	1,191	4,788	2,197	150,685	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GIRLS INCORPORATED

Employer identification number
13-1915124

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	5,842,203	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (POSTAGE)	X	1	901	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(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 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GIRLS INCORPORATED

Employer identification number
13-1915124

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL GIRLS INCORPORATED AFFILIATES ARE ORGANIZATIONAL MEMBERS OF THE NATIONAL COUNCIL WHICH ELECT ALL MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7A	THE LOCAL GIRLS INCORPORATED AFFILIATES ARE ORGANIZATIONAL MEMBERS OF THE NATIONAL COUNCIL WHICH ELECT ALL MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B	ALL CHANGES TO THE BY-LAWS MUST BE APPROVED BY THE AFFILIATES.
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY THE AUDIT FIRM AND SUBMITS TO GIRLS INC. CFO, WHO SENDS THE 990 TO THE BOARD'S FISCAL OVERSITE COMMITTEE, WHO REVIEWS AND ACCEPTS IT. THE COMMITTEE PRESENTS THE 990 TO THE FULL BOARD FOR THEIR REVIEW AND APPROVAL. THEN THE 990 IS SUBMITTED TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD AND TO KEY EMPLOYEES ONCE EACH YEAR. THE POLICY IS EXPLAINED DURING A BOARD MEETING. THEN, EACH MEMBER AND KEY EMPLOYEE IS ASKED TO SIGN AND DATE A FORM THAT SAYS THEY UNDERSTAND THE POLICY AND THAT THEY HAVE NO KNOWN CONFLICTS OF INTEREST. THE FORM ALSO EXPLAINS THAT THEY MUST NOTIFY THE BOARD IF A CONFLICT SHOULD DEVELOP. THE SIGNED FORMS ARE KEPT ON FILE BY THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 15	THE CHAIR OF THE BOARD, AS DELEGATED BY THE FULL BOARD, CONDUCTS A PERFORMANCE REVIEW WITH THE CEO, AND A COMPENSATION STUDY, COMPARING THE CEO SALARY TO COMPARABLE SALARIES IN THE INDUSTRY. THE CHAIR PREPARES A PROPOSAL WHICH IS APPROVED BY THE BOARD AND THEN THE CHAIR MEETS WITH THE CEO TO INFORM HER OF THE BOARD'S DECISION. THIS PROCESS TAKES PLACE ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION POSTS ITS ANNUAL REPORT, FINANCIAL STATEMENTS AND CODE OF CONDUCT WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, ON THE WEBSITE.
FORM 990, PART IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 941,350. MANAGEMENT AND GENERAL EXPENSES 54,752. FUNDRAISING EXPENSES 101,797. TOTAL EXPENSES 1,097,899. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 357,575. MANAGEMENT AND GENERAL EXPENSES 57,321. FUNDRAISING EXPENSES 85,233. TOTAL EXPENSES 500,129.
FORM 990, PART XII, LINE 2C:	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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