|                                | _                          |                 | Return of Organization Exempt Fro   |                 | ncomo Tav                    | OMB No. 1545-0047            |  |  |  |  |  |
|--------------------------------|----------------------------|-----------------|---|-----------------|------------------------------|------------------------------|--|--|--|--|--|
|                                | Q                          | 90              |   |                 |                              | 2022                         |  |  |  |  |  |
| For                            | m 🛡                        | 50              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co   | -               |                              |                              |  |  |  |  |  |
| Depa                           | artment o                  | of the Treasury | Do not enter social security numbers on this form as it<br>Go to www.irs.gov/Form990 for instructions and the   |                 |                              | Open to Public<br>Inspection |  |  |  |  |  |
|                                |                            | nue Service     |   |                 | UN 30, 2023                  | Inspection                   |  |  |  |  |  |
|                                |                            |                 | f organization  | ing o           | D Employer identifie         | ation number                 |  |  |  |  |  |
| D                              | Check if<br>applicabl      |                 | l'organization  |                 |                              |                              |  |  |  |  |  |
|                                | Addre                      |                 | S INCORPORATED OF NEW YORK CITY   |                 |                              |                              |  |  |  |  |  |
|                                | Name<br>chang              | e Doing b       | usiness as  |                 | 13-40284                     |                              |  |  |  |  |  |
|                                | Initial<br>return<br>Final | 25 2            | and street (or P.O. box if mail is not delivered to street address) ROADWAY   | om/suite        | E Telephone number           |                              |  |  |  |  |  |
|                                | Lreturn<br>termir<br>ated  | í-              | own, state or province, country, and ZIP or foreign postal code   |                 | G Gross receipts \$          | 5,719,444.                   |  |  |  |  |  |
|                                | Amen<br>return             | ded NEW         | YORK, NY 10004  |                 | H(a) Is this a group re      |                              |  |  |  |  |  |
|                                | Applic tion                | F Name a        | nd address of principal officer: PAMELA MARALDO   |                 | for subordinates             | ? Yes 🗶 No                   |  |  |  |  |  |
|                                | pendi                      |                 | as C above  |                 | H(b) Are all subordinates in | cluded? Yes No               |  |  |  |  |  |
| 11                             | Fax-ex                     | empt status: [  |   | 527             | If "No," attach a            | list. See instructions       |  |  |  |  |  |
|                                | Nebsi                      |                 | GIRLSINCNYC.ORG   |                 | H(c) Group exemption         |                              |  |  |  |  |  |
|                                |                            |                 | X Corporation Trust Association Other   | L Year          | of formation: 1999 N         | State of legal domicile: NY  |  |  |  |  |  |
| Pa                             | art I                      | Summary         |   |                 |                              |                              |  |  |  |  |  |
| e                              | 1                          | Briefly describ | e the organization's mission or most significant activities: SERVIN   | G GI            | RLS IN NEW                   | YORK CITY                    |  |  |  |  |  |
| Activities & Governance        |                            |                 |   |                 |                              |                              |  |  |  |  |  |
| /err                           | _                          |                 |   |                 |                              |                              |  |  |  |  |  |
| ğ                              |                            |                 |   | <u>21</u><br>20 |                              |                              |  |  |  |  |  |
| ø                              |                            |                 | lependent voting members of the governing body (Part VI, line 1b)   |                 |                              | 86                           |  |  |  |  |  |
| ties                           |                            |                 | of individuals employed in calendar year 2022 (Part V, line 2a)   |                 |                              | 100                          |  |  |  |  |  |
| ť                              |                            |                 | of volunteers (estimate if necessary)   |                 |                              | 0.                           |  |  |  |  |  |
| Ac                             |                            |                 | d business revenue from Part VIII, column (C), line 12  |                 |                              | 0.                           |  |  |  |  |  |
|                                | D                          | Net unrelated   | business taxable income from Form 990-T, Part I, line 11  | <u></u>         | 7b<br>Prior Year             | Current Year                 |  |  |  |  |  |
|                                |                            | Contributions   | and grants (Dart ) (III line 1h)  |                 | 4,932,936.                   | 4,437,594.                   |  |  |  |  |  |
| Revenue                        |                            |                 | and grants (Part VIII, line 1h)<br>ce revenue (Part VIII, line 2g)  |                 | 247,190.                     | 219,525.                     |  |  |  |  |  |
| ver                            |                            | •               | ce revenue (Part VIII, line 2g)<br>come (Part VIII, column (A), lines 3, 4, and 7d)   |                 | 5,430.                       | -78,191.                     |  |  |  |  |  |
| Å                              |                            |                 | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                 | 0.                           | 0.                           |  |  |  |  |  |
|                                |                            |                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                 | 5,185,556.                   | 4,578,928.                   |  |  |  |  |  |
|                                |                            |                 | nilar amounts paid (Part IX, column (A), lines 1-3)   |                 | 59,000.                      | 60,000.                      |  |  |  |  |  |
|                                |                            |                 | to or for members (Part IX, column (A), line 4)   |                 | 0.                           | 0.                           |  |  |  |  |  |
| ŝ                              | . <b>-</b>                 | <u> </u>        |   |                 | 3,294,889.                   | 4,453,849.                   |  |  |  |  |  |
| Expense                        | 16a                        | Professional fi | r compensation, employee benefits (Part IX, column (A), lines 5-10)<br>undraising fees (Part IX, column (A), line 11e)<br>ing expenses (Part IX, column (D), line 25) 615,336 |                 | 80,336.                      | 46,688.                      |  |  |  |  |  |
| per                            | b                          | Total fundraisi | ing expenses (Part IX, column (D), line 25) 615, 336  |                 |                              | .,                           |  |  |  |  |  |
| ш                              |                            |                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)  |                 | 776,581.                     | 934,881.                     |  |  |  |  |  |
|                                |                            |                 | s. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                 | 4,210,806.                   | 5,495,418.                   |  |  |  |  |  |
|                                |                            |                 | expenses. Subtract line 18 from line 12   | 974,750.        | -916,490.                    |                              |  |  |  |  |  |
| or                             |                            |                 |   | Be              | ginning of Current Year      | End of Year                  |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 20                         | Total assets (F | Part X, line 16)  |                 | 2,505,170.                   | 1,809,232.                   |  |  |  |  |  |
| ASS                            | 21                         |                 | (Part X, line 26)   |                 | 101,960.                     | 211,678.                     |  |  |  |  |  |
| Fund                           | 22                         |                 | fund balances. Subtract line 21 from line 20  |                 | 2,403,210.                   | 1,597,554.                   |  |  |  |  |  |
|                                | art II                     | Signature       |   |                 |                              |                              |  |  |  |  |  |

Tret and ad

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to Mare 15

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       | Signature of officer                               |                       | Date   |    |
|------------|--|-----------------------|--|----|
|            | PAMELA MARALDO, EXECUTIVE                          | DIRECTOR              |  |    |
|            | Type or print name and title                       |                       |  |    |
|            | Print/Type preparer's name                         | Fieparer S Signature  | Date Check PTIN                                |    |
| Paid       | Kevin Sunkel                                       | Kevin Sunkel          | 01/30/24 <sup>ff</sup> self-employed P00706145 |    |
| Preparer   | Firm's name Owen J Flanagan &                      |                       | Firm's EIN 13-2060851                          |    |
| Use Only   | Firm's address 445 Hamilton Aven                   | ue, 11th floor        |  |    |
|            | White Plains, NY                                   | 10601                 | Phone no. 212-682-2783                         |    |
| May the II | RS discuss this return with the preparer shown abo | ove? See instructions | X Yes  | No |
|            |  |                       | - 000 /  | `  |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

|      | 1 990 (2022) GIRLS INCORPORATED OF NEW YORK CITY 13-4028433 Pag  |
|------|--|
| Par  | rt III Statement of Program Service Accomplishments  |
|      | Check if Schedule O contains a response or note to any line in this Part III   |
| 1    | Briefly describe the organization's mission:<br>THE MISSION OF GIRLS INC. OF NEW YORK CITY IS TO ADVOCATE FOR AND                            |
|      | IMPROVE THE LIVES OF UNDERSERVED GIRLS AND YOUTH, AGES 6 TO 21+, IN  |
|      | THE FIVE BOROUGHS. WE PURSUE THIS MISSION BY PROVIDING RESEARCH-BASED  |
|      | EDUCATIONAL PROGRAMS IN THE AREAS OF SCIENCE; TECHNOLOGY; ENGINEERING;   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                                 |
| -    | prior Form 990 or 990-EZ?  |
|      | If "Yes," describe these new services on Schedule O.   |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |
|      | 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 \$ 4,599,562. including grants of \$ 60,000. ) (Revenue \$ 219,525  |
|      | DURING THE YEAR ENDING 6/30/23, GIRLS INCORPORATED OF NEW YORK CITY WA   |
|      | ABLE TO REACH APPROXIMATELY 10,000+ GIRLS WITH OUR STRONG, SMART AND   |
|      | BOLD MISSION. WE PROVIDED SERVICES IN FIVE SCHOOL-BASED GIRLS INC.<br>COMPREHENSIVE CENTERS, OFFERING CREDIT-BEARING HEALTH AND STEM COURSES |
|      | AS WELL AS ACADEMIC ENRICHMENT FOR GIRLS IN GRADES 6 THROUGH 12 FIVE   |
|      | DAYS PER WEEK. ADDITIONALLY, WE SERVE GIRLS AND THEIR FAMILIES THROUGH   |
|      | OUR COMMUNITY ENGAGEMENT PROGRAMS AT SCHOOLS, HOSPITALS AND COMMUNITY  |
|      | BASED ORGANIZATIONS, DELIVERING OUR INNOVATIVE, EXPERIENTIAL LEARNING  |
|      | PROGRAMS IN COLLEGE PREP AND RETENTION, LEADERSHIP DEVELOPMENT,  |
|      | FINANCIAL LITERACY, MEDIA LITERACY, SPORTS, SCIENCE, TECHNOLOGY,   |
|      | ENGINEERING, MATH, PREGNANCY PREVENTION, SUBSTANCE ABUSE PREVENTION,   |
|      | SAFETY AND SELFDEFENSE. FINALLY, WE DELIVERED PROFESSIONAL DEVELOPMEN  |
|      |  |
|      |  |
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|      |  |
|      |  |
| 4c   | (Code:         ) (Expenses \$ including grants of \$) (Revenue \$)   |
| 10   |  |
|      |  |
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|      |  |
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|      |  |
| 4 -1 |  |
| 4d   | Other program services (Describe on Schedule O.)   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     4,599,562.                                      |
| 40   |  |
| 4e   |  |
|      | Form <b>990</b> (:   |
|      |  |

| Form | 990 | (2022) |
|------|-----|--------|
|      | 330 | (2022) |

Part IV Checklist of Required Schedules

|        |  |     | Yes          | No       |
|--------|--|-----|--------------|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |              |          |
|        | If "Yes," complete Schedule A  | 1   | X            |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | X            |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |              | v        |
|        | public office? If "Yes," complete Schedule C, Part I   | 3   |              | X        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |              | Х        |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |     |              |          |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |              | X        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6   |              | х        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |              |          |
| -      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |              | Х        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |              |          |
|        | Schedule D, Part III   | 8   |              | Х        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |     |              |          |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br>If "Yes," complete Schedule D, Part IV  | 9   |              | Х        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |     |              |          |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |              | X        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |     |              |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     | v            |          |
| h      | Part VI<br>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  | 11a | X            |          |
| b      | sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  |     |              | х        |
| с      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  | 11b |              |          |
| -      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |              | Х        |
| d      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |     |              |          |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |              | Х        |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |              | Х        |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |              |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f | X            |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a | х            |          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |              |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |              | X        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |              | X<br>X   |
|        | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |              |          |
| a      | 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 |              | х        |
| 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  |              | Х        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |     |              |          |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |              | X        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |     | x            |          |
| 10     | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions  | 17  | ~            |          |
| 18     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | х            |          |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |              |          |
|        | complete Schedule G, Part III  | 19  |              | X        |
|        | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>  | 20a |              | Х        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |              | <u> </u> |
| 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  |              | х        |
| 232003 |  |     | <b>990</b> ( | 2022)    |

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232003 12-13-22

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| Form 990 (2 |           |               | INCORPORATED         | OF | NEW |
|-------------|-----------|---------------|----------------------|----|-----|
| Part IV     | Checklist | of Required S | chedules (continued) |    |     |

| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |            |     |          |
|-----|---|------------|-----|----------|
| 23  | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i><br>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current  | 22         | X   | -        |
| 20  | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |            |     |          |
|     | Schedule J  | 23         | x   |          |
|     | 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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i> | 24a        |     | x        |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |     |          |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  | 24c        |     |          |
| Ь   | any tax-exempt bonds?<br>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 240<br>24d |     |          |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 2.10       |     |          |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | X        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                 | 25b        |     | x        |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |            |     |          |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |            |     |          |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26         |     | X        |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |            |     |          |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>   | 27         |     | x        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  | 21         |     |          |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |            |     |          |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  | 200-       |     | x        |
| h   | "Yes," complete Schedule L, Part IV   | 28a<br>28b |     | X        |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f   | 200        |     | <u> </u> |
|     | "Yes," complete Schedule L, Part IV   | 28c        |     | X        |
| 9   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         |     | X        |
| 0   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>  | 30         |     | x        |
| 81  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |     | X        |
| 82  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32         |     | x        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |            |     |          |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | X        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34         | x   |          |
| 85a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |     | X        |
| 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>   | 35b        |     |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 350        |     |          |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36         |     | x        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            |     | 37       |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | X        |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  | 38         | x   |          |
| Par |   |            |     | <u> </u> |
|     | Check if Schedule O contains a response or note to any line in this Part V  |            |     |          |
|     |   | 7          | Yes | No       |
| 4 - | Enter the number reported in boy 0 of Form 1000 Fater 0 if anti-analisable  |            |     |          |
|     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 57<br>Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>  |            |     |          |
| b   | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b  |            |     |          |
| b   |   |            |     |          |

| 022)       | GIRLS     | INCORP    | ORATED     | OF    | NEW    | YORK     | CITY        |
|------------|-----------|-----------|------------|-------|--------|----------|-------------|
| Statements | Regarding | Other IRS | Filings ar | nd Ta | ax Con | npliance | (continued) |

| 28       Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements, the for the cleand ayee anding with or within the year covered by this new forms during the year?       86         b       If at least one is reported on line 2a, did the organization file all required deckal employment tax returns?       8a       X         b       If at least one is reported on line 2a, did the organization have an interaction on Schedule 0       3b       3b         b       If an year, the stilled a form 990-T for this year?       3a       X         d       At any time during the ocalendary park, did the organization have an interaction on schedule 0       3b       3b         d       At any time during the ocalendary park, did the organization have an interaction in a originative transaction?       6a       X         d       If Yes, 'end the organization that a material groat or the state transaction?       6a       X         d       Did any state large organization that a material groat reports that an ormally groat than \$100,000, and did the organization an express statement that \$100,000, and did the organization and the another build and accounts of the organization and the another build groat and the organization and the another build groat and starkes provided to the park of the organization and the another build groat and starkes provided to the park of the organization and the another build groat and starkes provided to the park of the organization and the another build groat and starkes provided to the park of the organization and the another build groat and starkes previded during the yar <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>   |              |  |      | Yes | No     |  |  |  |  |  |
|--|--------------|--|------|-----|--------|--|--|--|--|--|
| b         It less one is reported on line 2a, dd the organization is all required testa employment tax returns?         gb         X           3a         Did the organization have unnelated business gross income of \$1,000 or more during the suborf         gb         X           4a         At my time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a tay firm during the suborf         gb         X           b         I'''ves, ''test the name of the foreign country '   | 2a           |  |      |     |        |  |  |  |  |  |
| 3a       Dit har organization have unreliate business gross income of \$1,000 or more during the year?       Image: Status in the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toreign country (use a tork account, or other financial account)?       Image: Status interest in, or a signature or other authority over, a financial account is or provided responsed to the organization in a provide a tork account, or other financial account?       Image: Status interest in, or a signature or other authority over, a financial account is or provided responsed to a provided responsed to the organization in a provide responsed to a provided responsed to the organization in a comparison in the response of responsed to a provided responsed to a provided responsed to the organization in a response statement that such contributions solid responsed to the organization in a response statement that such contributions or gifts were not fax ideutable accounting the down of the value of the good sole services provided responsed to the provided responsed to the organization in a response sole services provided responsed response responsed to the organization response apprentime excess sol \$75 made parity as a contribution or gifts were not fax.       Image: The second test in the second response provided responsed response responsed to the provided responsed responsed provided responsed responsed provided responsed responsed provided responsed responsed responsed provided responsed responsed responsed provided responsed respon |              | filed for the calendar year ending with or within the year covered by this return 2a 86  |      |     |        |  |  |  |  |  |
| b       1 (**s; *has if liked a form 980 if for this year? if %i* for its 3b, provide an explanation on Schedule 0       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 is a toning nocurity (such as a bank account, securities account, or other financial account)       4a       X         b       if *tex; enter the name of the foreign country (such as a bank account, securities account, or other financial account)       5a       X         5b       Did any total periods for fing requirements for FIGCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         50       Did any total periods for the regunization that explanation and any time during the tax year?       5a       X         61       Did any total periods for the regunization that explanation file Form 8886-17.       6a       X         61       Did any total and grass receipts that are normally graster than \$100,000, and did the organization sells       7a       X         7       Organization sells are yearies of an adap at ys as contributions or gifts were not tax deductible?       7a       X         7       Organization sell, exchange, or otherwise dispose of tangble personal property for which it was required       7a       X         10       11       Trace sells and the organization neces as graduare dispose or services proveded?       7a       X         11 <td>b</td> <td colspan="9"></td>  | b            |  |      |     |        |  |  |  |  |  |
| 4         A any time during the calendary year, dif the organization have an interest in, or a signature or other submetry over a francial account), which is a bank account, securities account, or other submetry cale accounts (FBAR).         4         X           b         If "ves," inter the name of the foreign country.         5         X           b         If "ves," inter the name of the foreign country.         5         X           b         If any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?         5         X           c         If "ves," in the so or 5, did the organization in form 886-77.         5         X           c         If "ves," indic the organization include where very solicitation are express statement that such contributions or gifts were not tax deductibles on the avel and party for goods and services provided?         7         7           c         Did the organization include where y solicitation are express statement that such contributions or gifts were not tax deductibles on the value of the year         7         7         X           d         If "Yes," idd the organization notify the donor of the value of the year settle particular include were year was a parsonal benefit contract?         7         X           d         If "Yes," idd the organization notify in done, to pay premiums on a parsonal benefit contract?         7         X           d         If Yes," idd the organization netwere anothold, ind quary d   | 3a           |  |      |     |        |  |  |  |  |  |
| If modul account is a foreign country     4a     X       b If Yes, 'return he name of the foreign country     5a     X       5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5b Dd any taxabile party notify the organization that tax so is a party to a prohibited tax shelter transaction?     5c     X       6a Does the organization tax and two or sa party to a prohibited tax shelter transaction?     5c     X       6a Does the organization tax and two or sa party to a prohibited tax shelter transaction?     5c     X       6b Does the organization tax and use party bar party to a prohibited tax shelter transaction?     5c     X       7b If Yes, ' did the organization tax and user set part transaction?     6a     X       7b If Yes, ' did the organization nucledwith wery solicitation and express statement that such contributions or gifts     6a     X       7b If Yes, ' did the organization nucledwith wery solicitation and express statement that such contributions or gifts     7a     X       7b If Yes, ' did the organization nuclewith wery solicitation and express statement that such contributions or gifts     7a     X       7b If Yes, ' did the organization nuclewith wery solicitation and express provider or which the two srequired to the payor?     7a     X       7b If the organization nuclewith were, pay premum, directly or party torgods and services provider?     7c     X       7b If the organization nuclewith were  |              |  |      |     |        |  |  |  |  |  |
| b       If Yes," enter the name of the foreign country:       See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       So         b       Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?       So       X         b       If Yes," to its Sa or 5b, did the organization final trans or moreils to a party to a prohibited tax shefter transaction?       So       X         c       If Yes," to its Sa or 5b, did the organization final trans or moreils greater than \$100,000, and did the organization is did tax deductible contributions?       So       X         c       If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       So       X         d       If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       So       X         d       If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions or gifts       So       X         d       If Yes," indicate the number of Forms 8282? Ned during the year?       Ta       X       Ta         d       If the organization neewers any tomas, directly or indirectly, no paysenal benefit contract?       Ta       X       Ta       X  | 4a           |  |      |     |        |  |  |  |  |  |
| See instructions for fling requirements for FinOCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR);       Sa       X         Sa       Was the organization approximation the aron bind during the dary gar?       Sa       X         Sa       Did any taxable party notify the organization that it was or is a party to a prohibited tax sheler transaction?       Sa       X         Sa       D       Sa       X       Sa       X         Sa       D       Sa       Sa       X       Sa       X         Sa       D       Sa       Sa       Sa       X       Sa  |              |  |      |     |        |  |  |  |  |  |
| 5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       c     Diss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions have even tax deductible contributions and vere not tax deductible contributions under section 170(c).     6a     X       b     If 'Yes,' did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If 'Yes,' did the organization notify the donor of the value of the goods or services provided?     7a     X       d     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     Did the organization receive a payment in scess 8282 filed during the year     7a     X       d     Did the organization receive a contribution of qualified intellectual property or which it was required?     7a     X       f     Did the organization receive a contribution of qualified intellectual property, did the organization face any tax, directly or indirectly, on a personal benefit contract?     7a     X       f     Did the organization received a contribution of qualified intellectual property, did the organization  | b            |  |      |     |        |  |  |  |  |  |
| b       Delay it xable party notify the organization file Form 8886-17.       5b       X         c       If 'Yes' to line 5a or 5b, did the organization file Form 8886-17.       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutions of gifts are contributions?       6a       X         b       If 'Yes,' id the organization have appring the every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         7       Organization seture appring the every solicitation an express statement that such contributions or gifts       7a       X         10       If 'Yes,' id if the organization notify the donor of the value of the goods or services provided?       7a       X         11       If 'Yes,' id if the organization notify the donor of the value of the goods or services provided?       7a       X         11       If 'Yes,' id if the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         11       If the organization neceive a orthribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8998 as required?       7a       7a         11       If the organization meave are advised funds.       1a       1a       1a       1a         11       organization neceive a anorthotion of qualicial rofile t  | _            |  | _    |     | v      |  |  |  |  |  |
| c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c         60       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible       5c         7       To Second Tax deductible contributions under section 170(c).       6a       X         8       Did the organization methy appanent necessor 575 med party as a contribution and party for goods and services provided to the part?       7a       X         9       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         0       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         0       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         0       Did the organization receive a party funds, directly or indirectly, on a personal benefit contract?       7a       X         1       If Yes, "Indicate the number of Forms 8282 filed during the yest, or other vehicles, did the organization file Form 899a sequerity?       7a       X         1       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?       7a       X         1       If the organization neave excess buainso holding at any time during the yes?       9a   |              |  |      |     |        |  |  |  |  |  |
| 6a     Does the organization have annual grose receipts that are normally greater than \$100,000, and did the organization solicit<br>any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gits<br>were not tax deductible?     6b     7a     X       c     Did the organization stat may receive deductible contributions under section 170(c).     10     17a     X       d     Did the organization notify the doors of the value of the goods or services provided to the pary?     7a     X       c     Did the organization notify the doors of the value of the goods or services provided?     7c     X       d     If 'Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization neceive any functs, directly or indirectly, on a personal benefit contract?     7f     X       g     If the organization neceived a contribution of qualified intellectual property, did the organization file Form 8089 as required?     7g     7g       h     If the organization maxima any taxable distributions under section 4966?     9a     9b     9a       Did the sponsoring organization marke any taxable distributions under section 4966?     9a     9a     9b       Did the sponsoring organization marke any taxable distributions under section 4966?     9a     9b     9a       Di  |              |  |      |     |        |  |  |  |  |  |
| any contributions that were not tax deductible as chartable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7 Organizations that may receive deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7b       8 Did the organization nective payment in excess of \$75 made party as contribution and party for goods and services provided to the payment in excess of \$75 made party as contribution and party for goods and services provided to the payment in excess of \$75 made party as contribution and party for goods and services provided to the payment in excess of \$75 made party to pay premiums on a personal benefit contract?     7c     X       d If "Yes," indicate the number of Form 8282 filed during the year     7d     7d     X       g If the organization neceves any funds, directly or indirectly, on a personal benefit contract?     7c     X       g If the organization neceves a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 808-C?     7h     X       g Sponsoring organization make excess bioless tan y time during the year?     8     8       9 Did the sponsoring organization make alstibution to a donor advised funds.     9a     9a       9 Did the sponsoring organization make alstibution to a donor, doror advisor, or related person?     9a       9 Did the sponsoring organization make alstibution to a donor, doror advisor, or related person?     9a       9 Di  |              |  | 50   |     |        |  |  |  |  |  |
| 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).       10       17         a       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         diff the organization receive any tunble of Forms 8282 filed during the year       7d       X       X         f       Did the organization receive any tunbs, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1086.C?       7ft       X         g       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g       Section 501(c)(12) organizations. Enter:       10a  | oa           |  | 62   |     | x      |  |  |  |  |  |
| were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7       8 Did the organization sceleve apyment in excess of \$76 made parity as a contribution and parity for goods and services provided?     70       17 "Yes," did the organization notity the donor of the value of the goods or services provided?     70       16 Uf Yes," indicate the number of Forms 8282 filed during the year     7d       17 di Yes," indicate the number of Forms 8282 filed during the year     7d       17 di Yes," indicate the number of Forms 8282 filed during the year     7d       17 di Yes," indicate the number of Forms 8282 filed during the year     7d       17 di Horganization necelve any funds, directly or indirectly, on a personal benefit contract?     7f       17 di Horganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h       18 poporsoring organization neave excess business tand y time during the year?     8       9 Sponsoring organization neave excess business tand y time during the year?     9a       10 bit the sponsoring organization neave excess business tand y time during the year?     9a       10 bit the sponsoring organization scluded on Part VIII, line 12     10a       10 bit the sponsoring organization scluded on Part VIII, line 12     10a       11 Section 501(c)(7) organizations. Enter:     10a       12 Section 501(c)(12) organizations. Enter:     10a  | h            |  | Ua   |     |        |  |  |  |  |  |
| 7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization receive a payment in secess of \$75 made party as a contribution and party for goods and services provided to the payment in secess of \$75 made party as a contribution and party for goods and services provided to the payment in secess of \$75 made party as a contribution and party for goods and services provided to the payment in secess of \$75 made party as a contribution and party for goods and services provided to the payment in secess of \$75 made parts as a contribution and party for goods and services provided to the payment in secess of \$75 made parts as a contribution or the value of the goods or services provided?       7a       X         C       Did the organization or for walke of the goods or services provided?       7d       X         d) If Yes; indicate the number of Forms 8282 filed during the year       7d       X         g) Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7n       X         g) Honsoning organization maintaining donor advised fund maintained by the sponsoring organization make and scitributions under section 4966?       8a       9a       9a         g) Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization. Enter:       11a       10a       11a       10a         g) Section 501(c)(27) organizations. Enter:       11a       10a       11a       11a       11a       11a       11a       11a       11a   | <sup>D</sup> |  | 6h   |     |        |  |  |  |  |  |
| a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Form 8282 filed during the year       [7d]       7c       X         d       If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         f       Did the sponsoring organization have excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under secton 4966?       9a       9b       10a  | 7            |  | 0.5  |     |        |  |  |  |  |  |
| b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C7       7h       X         f       If the organization received a contribution of cars, boats, aniphanes, or other vehicles, did the organization file Form 1098-C7       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Did the sponsoring organizations. Enter:       10a       10a       10a       10a       10a       10a       10b       11a       10a       11a       11a       11a       11a       11a       11b       11a       11b       11a       11b       11a       11b       11a       11b  |              |  | 7a   |     | Х      |  |  |  |  |  |
| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "ves," indicate the number of Forms 8282 filed during the year       7d       7d       7         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f Ub due organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7h       X         g Sponsoring organization maximalning donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g Gross income from members or shareholders       10a       10b       10b       10b       10b         g Gross income from members or shareholders       11a       10b       10b       10c       10c         g Section 501(c)(7) organizations. Enter:       11a       10b       10b       10c       10c         g Section 501(c)(2) organization inclued on Part VIII, line 12, for public use of club facilities       11a <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>  |              |  |      |     |        |  |  |  |  |  |
| to file Form 8282?       7c       X         d If Yes, "Indicate the number of Forms 8282 filed during the year       7d       7d       X         b Ot the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization files Form 8999 as required?       7f       X         g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file Form 8999 as required?       7n       X         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make asses business holdings at any time during the year?       9a       9a         9 Sonsoring organizations maintaining door advised funds.       9a       9b       9b       9a       9b       9b <td></td> <td></td> <td></td> <td></td> <td></td>   |              |  |      |     |        |  |  |  |  |  |
| d       If "Yes," indicate the number of Forms 8282 filed during the year       Td         e       Did the organization receive any funds, directly or indirectly, to pay presimus, directly or indirectly, on a personal benefit contract?       7e       X         f       It dite organization, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       If the organization meterived a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       If the organization mates anot intability of or advised funds.       Bothe sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organizations make any taxable distributions under section 4966?       9a       9       9b         10       the sponsoring organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10a       10  |              |  | 7c   |     | Х      |  |  |  |  |  |
| e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9       0         10       Borts receipts, included on Form 90, Part VIII, line 12.       10a       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b       10b       10b       10b       10c       11a       10c       11a       10b       11b       12a       12a <td>d</td> <td></td> <td></td> <td></td> <td></td>  | d            |  |      |     |        |  |  |  |  |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7h         8 Sponsoring organization make and contribution of a cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7h         9 Sponsoring organization make and stributions at any time during the year?       8         9 Did the sponsoring organization make a distribution to a donor, donor advised runds.       9a         10 Bit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Bit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b         12 Gross income from members or shareholders       11a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a         14 If 'Yes, 'net rhe amount of tax-exempt interest received or accrued during the year?       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14 Did the organization licensed to issue qualified health plans in more than one sta   |              |  | 7e   |     | Х      |  |  |  |  |  |
| 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.       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       9b         b       Gross income from members or shareholders       11a       10b       11b         12       Section 4947(a) (1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(2) organizations included on part VIII, line 12, for public use of accrued during the year       12b       11b       12a         13       Section 501(c)(2) organizations. Enter:       11b       12b       12a       12a         14       b       frives," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         15       frives," enter the amount of reserves the organization information the organization must report on Schedule O.       13a       13a  | f            |  |      |     |        |  |  |  |  |  |
| 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 organization make excess business holdings at any time during the year?       9a         9       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:       10a         a       Gross income from members or shareholders       10b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       12a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for indoor tanning services during the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If 'yes,' as it filed a form 720 to report these payments? if 'No,'' provide an explanation or Schedule O.       14b       14a         14       Did the organization subject to the section 4960 tax on payment(s) of more than \$  | g            | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     |      |     |        |  |  |  |  |  |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9a         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:       10a         a initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         a Gross income from members or shareholders       11a       10b       11b         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         12a       Section 501(c)(2) quified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for indoor tanning services during the tax year?       14a       X         b If "Yes," has it file a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         b If "Yes," as the instructions and file Form 4720, Schedule N.       15       X  | h            | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |      |     |        |  |  |  |  |  |
| 9       Sponsoring organizations maintaining door advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         c)       Section 501(c)(7) organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         b       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         12a       Section 501(c)(29) qualified nonprofit heatth insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit heatth plans in more than one state?       13a       13a         14a       Did the sorganization is locensed to issue qualified heatth plans       13b       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the   | 8            |  |      |     |        |  |  |  |  |  |
| 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:       10a         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:       10a         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.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a         If "Yes," see the instructions and file Form 4720, Schedule N. <td></td> <td colspan="7"></td>   |              |  |      |     |        |  |  |  |  |  |
| b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(2) organizations. Enter:       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       10b       11a       10b         13       Section 601(c)(12) organizations. Enter:       11a       10b       11b       12a         14       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         15       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Did the organization licensed to issue qualified health plans in more than one state?       14a       X         15       Enter the amount of reserves the organization must report on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payments? If "No, " provide an explanation  | 9            | Sponsoring organizations maintaining donor advised funds.  |      |     |        |  |  |  |  |  |
| 10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12.         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(7) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       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.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         14a       X         b       If "Yes," as if filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O         15       Is the organization subject to the section 4968 excise tax on net investment income?         16       X         17 "Yes," see the instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net inve   | а            |  |      |     |        |  |  |  |  |  |
| a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         a       Gross income from members or shareholders       11a       11b       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       11b       12a         28       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       14a         b       If "Yes," set the instructions for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         15       Is the organization an educational institution subject to t   |              |  |      |     |        |  |  |  |  |  |
| 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:       11a         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       11a         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       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintian by the states in which the organization receive any payments for indoor tanning services during the xyear?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X </td <td></td> <td></td> <td></td> <td></td> <td></td>  |              |  |      |     |        |  |  |  |  |  |
| 11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       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         22a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         17       Section 501(c)(21) organizat  |              |  | -    |     |        |  |  |  |  |  |
| a Gross income from members or shareholders       11a       11b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12b         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         s 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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       16       X       17         If "Yes," complete   |              |  | -    |     |        |  |  |  |  |  |
| b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         21a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization au educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       17         16       Is the organization au educational institution subject to the section 4968 exc  |              |  |      |     |        |  |  |  |  |  |
| 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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization silcensed to issue qualified health plans       13b       13a         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       17         16       X       17       16       X         If "Yes," complete Form 4720, Schedule O.       17   | a<br>h       | Gross income from other sources. (De not not emupte due er paid te other sources against   | -    |     |        |  |  |  |  |  |
| 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       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         14       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution 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       X         16       Is the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17  | U            |  |      |     |        |  |  |  |  |  |
| 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.       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       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       X       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         17       If "Yes," complete Form 6069.       17       17  | 12a          | /  | 12a  |     |        |  |  |  |  |  |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       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       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         17       If "Yes," complete Form 6069.       10       10  |              |  |      |     |        |  |  |  |  |  |
| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       Image: Comparization 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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Comparization subject to the section 4951, 4952 or 4953?       Image: Complete Form 6069.       Image: Complete Form 6069.  |              |  | 1    |     |        |  |  |  |  |  |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans   |              |  | 13a  |     |        |  |  |  |  |  |
| organization is licensed to issue qualified health plans       13b       13c         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17       17         17       If "Yes," complete Form 6069.       10       10       10       10   |              |  |      |     |        |  |  |  |  |  |
| c       Enter the amount of reserves on hand       13c       14a       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10       10   | b            | Enter the amount of reserves the organization is required to maintain by the states in which the                                     |      |     |        |  |  |  |  |  |
| c       Enter the amount of reserves on hand       13c       14a       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10       10   |              | organization is licensed to issue qualified health plans   |      |     |        |  |  |  |  |  |
| <ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>14b</li> <li>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?</li> <li>If "Yes," see the instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> <li>If "Yes," complete Form 4720, Schedule O.</li> <li>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</li> <li>If "Yes," complete Form 6069.</li> </ul>  |              |  |      |     |        |  |  |  |  |  |
| 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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       16       16         If "Yes," complete Form 6069.       17       17       17       17   | 14a          | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a  |     | X      |  |  |  |  |  |
| excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10   | b            |  | 14b  |     | L      |  |  |  |  |  |
| If "Yes," see the instructions and file Form 4720, Schedule N.         16         17         Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         17         18         19         19         10         110         12         13         14         15         16         17         18         19         19         19         110         111         12         13         14         15         16         17         18         19         117         117         117         117   | 15           | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                        |      |     |        |  |  |  |  |  |
| 16       X         16       X         16       Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         17       If "Yes," complete Form 6069.  |              |  |      |     |        |  |  |  |  |  |
| If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.  |              |  |      |     | v      |  |  |  |  |  |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         1f "Yes," complete Form 6069.       10  | 16           |  |      |     |        |  |  |  |  |  |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10   | 47           |  |      |     |        |  |  |  |  |  |
| If "Yes," complete Form 6069.  | 17           |  | 47   |     |        |  |  |  |  |  |
|  |              |  |      |     |        |  |  |  |  |  |
|  | 232004       |  | Form | 990 | (2022) |  |  |  |  |  |

232005 12-13-22

Form 990 (2022)

Part V

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| Form 990 (2022) | ) |
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#### GIRLS INCORPORATED OF NEW YORK CITY

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

| ec  | tion A. Governing Body and Management   |            |                       |            |          | ᠇  |  |
|-----|---|------------|-----------------------|------------|----------|----|--|
|     |   |            |                       | 1          | Yes      | 4  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   | <b>1</b> a | 2                     | <u> </u>   |          |    |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing   |            |                       |            |          |    |  |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.   | 1          | _                     |            |          |    |  |
| b   | Enter the number of voting members included on line 1a, above, who are independent  | 1b         | 2                     | 0          |          |    |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh   | p with     | any other             |            |          |    |  |
|     | officer, director, trustee, or key employee?  |            |                       | 2          |          |    |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under th   |            |                       |            |          | Τ  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?   |            |                       | 3          |          |    |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form   |            |                       | 4          |          | 1  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's as   |            |                       | 5          |          | 1  |  |
| 6   | Did the organization have members or stockholders?  |            |                       | 6          |          | 1  |  |
|     | Did the organization have members, stockholders, or other persons who had the power to elect or a   |            |                       | - <b>v</b> |          | +  |  |
| 1a  |   | •••        |                       | 70         |          |    |  |
|     | more members of the governing body?   |            |                       | 7a         |          | ┥  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s   |            | ,                     |            |          |    |  |
| _   | persons other than the governing body?  |            |                       | 7b         |          | 4  |  |
|     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year   | -          | -                     |            |          | 1  |  |
|     | The governing body?   |            |                       | 8a         | X        | 1  |  |
| b   | Each committee with authority to act on behalf of the governing body?   |            |                       | 8b         | X        |    |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read  | ached      | at the                |            |          |    |  |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |            |                       | 9          |          |    |  |
| ect | tion B. Policies (This Section B requests information about policies not required by the Internal R   | evenu      | e Code.)              |            |          |    |  |
|     |   |            |                       |            | Yes      |    |  |
| 0a  | Did the organization have local chapters, branches, or affiliates?  |            |                       | 10a        |          |    |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such c  |            |                       |            |          |    |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?   |            |                       | 10b        |          |    |  |
| 1a  | Has the organization provided a complete copy of this Form 990 to all members of its governing boo  |            |                       | 11a        | X        | -  |  |
|     | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |            | ore ming the form:    | 114        |          | -  |  |
|     |   |            |                       | 10-        | x        | 1  |  |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13   |            |                       | 12a        | X        | _  |  |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                                     |            |                       | 12b        | <u> </u> | _  |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "  |            |                       |            |          |    |  |
|     | on Schedule O how this was done   |            |                       | 12c        | X        | 4  |  |
|     | Did the organization have a written whistleblower policy?   |            |                       | 13         | X        | 4  |  |
| 4   | Did the organization have a written document retention and destruction policy?  |            |                       | 14         | Х        |    |  |
| 5   | Did the process for determining compensation of the following persons include a review and approv   | al by i    | ndependent            |            |          |    |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | •          |                       |            |          |    |  |
| а   | The organization's CEO, Executive Director, or top management official  |            |                       | 15a        | X        | 1  |  |
|     | Other officers or key employees of the organization   |            |                       | 15b        | X        | ٦  |  |
| -   | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |            |                       |            |          | ł  |  |
| 62  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange  | ment       | with a                |            |          |    |  |
| Ja  |   |            |                       | 16a        |          | 1  |  |
| h   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate  |            |                       | IUd        |          | ┨  |  |
| Ø   |   |            |                       |            |          |    |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga  | nizatio    | DITS                  |            |          | 1  |  |
|     | exempt status with respect to such arrangements?  |            |                       | 16b        |          | _  |  |
|     | tion C. Disclosure  |            |                       |            |          |    |  |
|     | List the states with which a copy of this Form 990 is required to be filed <u>NY</u>  |            |                       |            |          | _  |  |
| 8   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a  | ind 99     | 0-T (section 501(c)(  | 3)s only   | ) avai   | la |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |            |                       |            |          |    |  |
|     | X Own website Another's website Upon request Other (explain   |            | ,                     |            |          |    |  |
| 9   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c  | onflict    | of interest policy, a | nd finai   | ncial    |    |  |
|     | statements available to the public during the tax year.   |            |                       |            |          |    |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's bo   | ooks a     | nd records            |            |          |    |  |
|     | State the name, address, and telephone number of the person who possesses the organization's books and records<br><b>PATRICIA JACOVINA</b> - 212-531-7620 |            |                       |            |          |    |  |
| .0  | $\mathbf{FAIRICIA}  \mathbf{JACOVINA} = \mathbf{Z}\mathbf{I}\mathbf{Z} - \mathbf{J}\mathbf{S}\mathbf{I} = 70\mathbf{Z}0$                                  |            |                       |            |          |    |  |
| J   | 25 BROADWAY, NEW YORK, NY 10004   |            |                       |            |          |    |  |

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A)                       | (B)                    | (B) (C)   |                       |         |              |                                 |              | (D)                 | (F)                              |                          |
|---------------------------|------------------------|---|-----------------------|---------|--------------|---------------------------------|--------------|---------------------|----------------------------------|--------------------------|
| Name and title            | Average                | Position<br>(do not check more than one                       |                       |         |              |                                 | one          | Reportable          | <b>(E)</b><br>Reportable         | Estimated                |
|                           | hours per              | box, unless person is both an officer and a director/trustee) |                       |         |              | h an                            | compensation | compensation        | amount of                        |                          |
|                           | week                   |   | er an                 | u a u   | recio        | n/trus                          | lee)         | from                | from related                     | other                    |
|                           | (list any<br>hours for | Individual trustee or director                                |                       |         |              |                                 |              | the<br>organization | organizations<br>(W-2/1099-MISC/ | compensation<br>from the |
|                           | related                | e or d  | stee                  |         |              | Isated                          |              | (W-2/1099-MISC/     | 1099-NEC)                        | organization             |
|                           | organizations          | truste  | al trus               |         | yee          | mpen                            |              | 1099-NEC)           | 1000 (120)                       | and related              |
|                           | below                  | idual   | Institutional trustee | 5       | Key employee | est co<br>oyee                  | er           | ,                   |                                  | organizations            |
|                           | line)                  | Indiv   | Instit                | Officer | Keye         | Highest compensated<br>employee | Former       |                     |                                  |                          |
| (1) PAMELA MARALDO        | 45.00                  |   |                       |         |              |                                 |              |                     |                                  |                          |
| EXECUTIVE DIRECTOR        |                        | Х   |                       | Х       |              |                                 |              | 236,380.            | 0.                               | 11,734.                  |
| (2) LILY CHANG            | 40.00                  |   |                       |         |              |                                 |              |                     |                                  |                          |
| CHIEF DEVELOPMENT OFFICER |                        |   |                       |         |              | Х                               |              | 154,592.            | 0.                               | 28,408.                  |
| (3) APRIL CALDWELL        | 40.00                  |   |                       |         |              |                                 |              |                     |                                  |                          |
| CHIEF PROGRAM OFFICER     |                        |   |                       |         |              | Х                               |              | 138,154.            | 0.                               | 15,161.                  |
| (4) PATRICIA JACOVINA     | 40.00                  |   |                       |         |              |                                 |              |                     |                                  |                          |
| CHIEF OPERATING OFFICER   |                        |   |                       |         |              | Х                               |              | 136,711.            | 0.                               | 15,534.                  |
| (5) CAROLYN J. COLE       | 5.00                   |   |                       |         |              |                                 |              |                     |                                  |                          |
| CHAIR                     |                        | Х   |                       | Х       |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (6) CHARMAINE SLACK       | 2.00                   |   |                       |         |              |                                 |              |                     |                                  |                          |
| DIRECTOR                  |                        | Х   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (7) LEXIE BARTLETT        | 2.00                   |   |                       |         |              |                                 |              |                     |                                  |                          |
| DIRECTOR                  |                        | Х   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (8) ARIELLE LAPIANO       | 2.00                   |   |                       |         |              |                                 |              |                     |                                  |                          |
| DIRECTOR                  |                        | Х   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (9) AMY FERRIS            | 2.00                   |   |                       |         |              |                                 |              |                     |                                  | _                        |
| DIRECTOR                  |                        | Х   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (10) STACY GORDON         | 2.00                   |   |                       |         |              |                                 |              |                     |                                  | _                        |
| TREASURER                 |                        | Х   |                       | Х       |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (11) MARIA S. JELESCU     | 2.00                   |   |                       |         |              |                                 |              |                     |                                  |                          |
| DIRECTOR                  |                        | Х   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (12) JENNIFER MORGAN      | 2.00                   |   |                       |         |              |                                 |              |                     |                                  |                          |
| DIRECTOR                  |                        | X   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (13) DENEEN DONNLEY       | 2.00                   |   |                       |         |              |                                 |              |                     |                                  | •                        |
| DIRECTOR                  |                        | X   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (14) SUSAN POLLACK        | 2.00                   |   |                       |         |              |                                 |              |                     |                                  | •                        |
| SECRETARY                 |                        | X   |                       | X       |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (15) MARGARET RIENECKER   | 2.00                   |   |                       |         |              |                                 |              |                     |                                  | •                        |
| DIRECTOR                  |                        | X   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (16) STEPHANIE RUHLE      | 2.00                   |   |                       |         |              |                                 |              |                     | _                                | •                        |
| DIRECTOR                  |                        | X   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| (17) MEREDITH MEYER       | 2.00                   |   |                       |         |              |                                 |              |                     |                                  | •                        |
| DIRECTOR                  |                        | Х   |                       |         |              |                                 |              | 0.                  | 0.                               | 0.                       |
| 232007 12-13-22           |                        |   |                       |         |              | ~                               |              |                     |                                  | Form <b>990</b> (2022)   |

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| GIRLS INCORPORATED OF NEW YORK CI |
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| Part VII Section A. Officers, Directors, Trus   |                         | ploy                           | ees,                  |         |              | ghe                             | st C   | Compensated Employe          |                               |          |                |       |
|---|-------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|------------------------------|-------------------------------|----------|----------------|-------|
| (A)   |                         |                                |                       |         |              | (D)                             | (E)    |                              | (F)                           |          |                |       |
| Name and title  | Average                 |                                | not cl                | heck    | more         | than o                          |        | Reportable                   | Reportable                    |          | stimate        |       |
|   | hours per<br>week       |                                |                       |         |              | is botl<br>pr/trus              |        |                              | compensation                  | ar       | mount          |       |
|   | (list any               | tor                            |                       |         |              |                                 | -      | _ from<br>the                | from related<br>organizations | Con      | other<br>pensa |       |
|   | hours for               | direct                         |                       |         |              | p                               |        | organization                 | (W-2/1099-MISC/               |          | rom th         |       |
|   | related                 | tee or                         | Istee                 |         |              | en sate                         |        | (W-2/1099-MISC/              | 1099-NEC)                     |          | ganizat        |       |
|   | organizations           | l trus                         | nal tru               |         | oyee         | ompe                            |        | 1099-NEC)                    |                               | ar       | d relat        | ed    |
|   | below<br>line)          | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                              |                               | org      | anizati        | ons   |
| (10) CARE LUETO   | 2.00                    | Ind                            | lns                   | 0ff     | Key          | Hig<br>em                       | For    |                              |                               | <u> </u> |                |       |
| (18) CATE LUZIO<br>DIRECTOR   | 2.00                    | х                              |                       |         |              |                                 |        | 0.                           | 0.                            |          |                | 0.    |
| (19) SUSAN AXELROD  | 2.00                    | 23                             |                       |         |              |                                 |        |                              |                               |          |                | ••    |
| DIRECTOR  |                         | х                              |                       |         |              |                                 |        | 0.                           | 0.                            |          |                | Ο.    |
| (20) ALLISON HARDEN   | 2.00                    |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
| DIRECTOR  |                         | Х                              |                       |         |              |                                 |        | 0.                           | 0.                            |          |                | 0.    |
| (21) JOYCE PHILLIPS   | 2.00                    |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
| VICE CHAIR  | 2 00                    | Х                              |                       | Х       |              |                                 |        | 0.                           | 0.                            |          |                | 0.    |
| (22) EMILY KULBACK  | 2.00                    | x                              |                       |         |              |                                 |        | 0.                           | 0.                            |          |                | 0.    |
| DIRECTOR<br>(23) EJI OKORAFOR   | 2.00                    | ~                              |                       |         |              |                                 |        | 0.                           | 0.                            | ┼───     |                | 0.    |
| DIRECTOR  | 2.00                    | х                              |                       |         |              |                                 |        | 0.                           | 0.                            |          |                | 0.    |
| (24) KIMBERLY SLATE   | 2.00                    |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
| DIRECTOR  |                         | Х                              |                       |         |              |                                 |        | 0.                           | 0.                            |          |                | 0.    |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
| 1b Subtotal   |                         |                                |                       |         |              |                                 |        | 665,837.                     | 0.                            | 7        | 0,8            | 37.   |
| c Total from continuation sheets to Part VI   | I, Section A            |                                |                       |         |              |                                 |        | 0.                           | 0.                            |          |                | 0.    |
| d Total (add lines 1b and 1c)   |                         |                                |                       |         |              |                                 |        | 665,837.                     | 0.                            | 7        | 0,8            | 37.   |
| 2 Total number of individuals (including but n  | ot limited to th        | ose                            | liste                 | ed al   | bove         | e) wh                           | no r   | eceived more than \$100      | ,000 of reportable            |          |                |       |
| compensation from the organization  |                         |                                |                       |         |              |                                 |        |                              |                               |          | Yes            | 4     |
| <b>3</b> Did the organization list any <b>former</b> officer,                               | director truct          |                                |                       |         | 10.10        |                                 | hie    | about componented one        |                               |          | res            | No    |
| line 1a? If "Yes." complete Schedule J for s  |                         |                                |                       | •       |              | -                               |        | gnest compensated emp        | loyee on                      | 3        |                | х     |
| 4 For any individual listed on line 1a, is the su   |                         |                                |                       |         |              |                                 |        |                              | the organization              |          |                |       |
| and related organizations greater than \$150  |                         |                                |                       |         |              |                                 |        |                              |                               | 4        | Х              |       |
| 5 Did any person listed on line 1a receive or a   | accrue comper           | nsat                           | ion f                 | rom     | any          | / unr                           | elat   | ted organization or indivi   | dual for services             |          |                |       |
| rendered to the organization? If "Yes," com   | plete Schedule          | e J f                          | or sı                 | ıch     | pers         | son .                           |        |                              |                               | 5        |                | X     |
| Section B. Independent Contractors  |                         |                                |                       |         |              |                                 |        |                              | ¢100.000 of company           |          | £              |       |
| 1 Complete this table for your five highest co<br>the organization. Report compensation for | -                       | -                              |                       |         |              |                                 |        |                              |                               | Sation   | ITOITI         |       |
| (A)   | <u>, in contracting</u> |                                |                       |         |              |                                 |        | (B)                          |                               | ('       | C)             |       |
| Name and business   | address                 | NC                             | ONE                   | 2       |              |                                 |        | Description of s             | ervices 0                     |          | ensatio        | 'n    |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
|   |                         |                                |                       |         |              |                                 |        |                              |                               |          |                |       |
| 2 Total number of independent contractors (i  | ncluding but n          | ot liv                         | mite                  | d to    | tho          | se lie                          | ster   | l<br>d above) who received m | ore than                      |          |                |       |
| \$100,000 of compensation from the organiz  |                         |                                |                       | 0       |              | 0                               |        |                              |                               |          |                |       |
| ¥   |                         |                                |                       |         |              |                                 |        |                              |                               | Form     | <b>990</b> (   | 2022) |

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Form 990 (2022)

|  |        |                  | 2022) GIRLS INCO   | RPO            | RATED OF   | NEW        | YORK             | CITY   | 13-4028   | 433 Page 9             |
|--|--------|------------------|--|----------------|--|------------|------------------|--|-----------|------------------------|
| Pa   | rt \   | /                |  |                |  |            |                  |  |           |                        |
|  |        |                  | Check if Schedule O contains a resp  | onse           | or note to any lin   | ne in this | Part VIII        | / <b>D</b> )                                 | (0)       |                        |
|  |        |                  |  |                |  |            | (A)<br>revenue   | (B)<br>Related or exempt<br>function revenue | Unrelated | Revenue excluded       |
| Program Service Contributions, Gifts, Grants<br>Revenue and Other Similar Amounts                |        | b<br>d<br>e<br>f | Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g         Total. Add lines 1a-1f       PROGRAM SERVICES | 2,<br>1,<br>\$ | 352,515.<br>091,951.<br>993,128.<br>12,441.<br>Business Code<br>611710 |            | 7,594.<br>9,525. |  |           |                        |
| -<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B |        | е                |  |                |  |            |                  |  |           |                        |
| 5  |        | f                | All other program service revenue  |                |  |            |                  |  |           |                        |
|  |        | g                | Total. Add lines 2a-2f   |                |  | 219        | 9,525.           |  |           |                        |
|  | 3<br>4 |                  | Investment income (including dividends,<br>other similar amounts)<br>Income from investment of tax-exempt b  |                |  |            | 5,892.           |  |           | 5,892.                 |
|  | 5<br>6 | a<br>b           | Royalties     (i) Re       Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c  | (ii) Personal  |  |            |                  |  |           |                        |
|  |        | d                | Net rental income or (loss)  |                |  |            |                  |  |           |                        |
|  | 7      | а                | Gross amount from sales of (i) Secur   |                | (ii) Other   |            |                  |  |           |                        |
| evenue   |        |                  | assets other than inventory<br>Less: cost or other basis<br>and sales expenses7a 828,3Gain or (loss)7b 912,47c - 84,0  | 71.            |  |            |                  |  |           |                        |
|  |        |                  | Net gain or (loss)   |                |  | - 84       | 4,083.           |  |           | -84,083.               |
| Other <b>R</b>   | 8      | а                | Gross income from fundraising events (not<br>including \$ 352,515. of<br>contributions reported on line 1c). See<br>Part IV, line 18<br>Less: direct expenses  | 8a             | 228,045.<br>228,045.   |            |                  |  |           |                        |
|  |        |                  | Net income or (loss) from fundraising evo  |                |  |            | 0.               |  |           |                        |
|  | 9      |                  | Gross income from gaming activities. Se<br>Part IV, line 19  | 9a             |  |            |                  |  |           |                        |
|  |        |                  | Less: direct expenses  |                |  | _          |                  |  |           |                        |
|  | 10     |                  | Gross sales of inventory, less returns<br>and allowances   |                |  |            |                  |  |           |                        |
|  |        | b                | Less: cost of goods sold   |                |  |            |                  |  |           |                        |
|  |        |                  | Net income or (loss) from sales of invent  |                |  |            |                  |  |           |                        |
| s  |        |                  |  |                | Business Code  |            |                  |  |           |                        |
| Miscellaneous<br>Revenue   | 11     | а                |  |                |  |            |                  |  | ļ         |                        |
| vent   |        | b                |  |                |  |            |                  |  |           |                        |
| Ber  |        | c<br>d           | All other revenue  |                |  |            |                  |  | <u> </u>  |                        |
| Σ  |        |                  | All other revenue  |                |  |            |                  |  |           |                        |
|  | 12     |                  | Total revenue. See instructions  |                |  | 4,578      | 8,928.           | 219,525.                                     | 0.        | -78,191.               |
| 23200  |        |                  |  |                |  | ,          | ,                | _ , 0 0                                      |           | Form <b>990</b> (2022) |

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10

2022.05040 GIRLS INCORPORATED OF NEW Y 1018G\_1

GIRLS INCORPORATED OF NEW YORK CITY

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 respons<br>to tinclude amounts reported on lines 6b,                   | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and | <b>(D)</b><br>Fundraising |
|----|---|-----------------------|------------------------|-----------------------|---------------------------|
|    | 3b, 9b, and 10b of Part VIII.   | rotal oxponece        | expenses               | general expenses      | expenses                  |
| 1  | Grants and other assistance to domestic organizations   |                       |                        |                       |                           |
|    | and domestic governments. See Part IV, line 21  |                       |                        |                       |                           |
| 2  | Grants and other assistance to domestic   | <b>CO</b> 000         | <u> </u>               |                       |                           |
|    | individuals. See Part IV, line 22   | 60,000.               | 60,000.                |                       |                           |
| 3  | Grants and other assistance to foreign  |                       |                        |                       |                           |
|    | organizations, foreign governments, and foreign   |                       |                        |                       |                           |
|    | individuals. See Part IV, lines 15 and 16   |                       |                        |                       |                           |
|    | Benefits paid to or for members   |                       |                        |                       |                           |
| 5  | Compensation of current officers, directors,  |                       |                        |                       |                           |
|    | trustees, and key employees   | 260,977.              | 130,488.               | 52,196.               | 78,293                    |
| 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  | 3,333,717.            | 2,891,239.             | 144,168.              | 298,310                   |
|    | Pension plan accruals and contributions (include  |                       |                        |                       |                           |
|    | section 401(k) and 403(b) employer contributions)   | 58,480.               | 49,566.                | 3,021.                | 5,893                     |
| 9  | Other employee benefits   | 502,618.              | 426,733.               | 25,651.               | 5,893<br>50,234           |
| 0  | Payroll taxes   | 298,057.              | 250,881.               | 16,140.               | 31,036                    |
| 1  | Fees for services (nonemployees):   |                       | -                      | · · ·                 |                           |
|    | Management  |                       |                        |                       |                           |
|    | Legal   |                       |                        |                       |                           |
|    | Accounting  | 17,353.               |                        | 17,353.               |                           |
|    |   |                       |                        |                       |                           |
|    | Lobbying Professional fundraising services. See Part IV, line 17                                      | 46,688.               |                        |                       | 46,688                    |
|    |   | 40,000.               |                        |                       | 40,000                    |
|    | Investment management fees  |                       |                        |                       |                           |
| g  | Other. (If line 11g amount exceeds 10% of line 25,  | 178,170.              | 147,461.               | 4,187.                | 26,522                    |
|    | column (A), amount, list line 11g expenses on Sch 0.)   | 170,170.              | 14/,401.               | 4,10/.                | 20,322                    |
|    | Advertising and promotion   | 22,332.               | 8,786.                 | 439.                  | 13,107                    |
| 3  | Office expenses   |                       | 38,785.                |                       |                           |
| 4  | Information technology  | 46,078.               | 30,703.                | 2,495.                | 4,798                     |
| 15 | Royalties   | 102 005               |                        | 4 070                 | 0.200                     |
| 6  | Occupancy   | 103,805.              | 89,565.                | 4,872.                | 9,368                     |
| 7  | Travel  |                       |                        |                       |                           |
| 8  | Payments of travel or entertainment expenses  |                       |                        |                       |                           |
|    | for any federal, state, or local public officials   |                       |                        |                       |                           |
| 9  | Conferences, conventions, and meetings  | 83,753.               | 71,537.                | 1,425.                | 10,791                    |
| 0  | Interest  |                       |                        |                       |                           |
| 1  | Payments to affiliates  |                       |                        |                       |                           |
| 2  | Depreciation, depletion, and amortization   | 116,313.              | 97,903.                | 6,298.                | 12,112                    |
| 3  | Insurance   | 25,207.               | 21,217.                | 1,365.                | 2,625                     |
| 4  | Other expenses. Itemize expenses not covered  |                       |                        |                       |                           |
|    | above. (List miscellaneous expenses on line 24e. If   |                       |                        |                       |                           |
|    | line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                       |                        |                       |                           |
| а  | PROGRAM EXPENSES  | 297,706.              | 297,706.               |                       |                           |
| -  | NATIONAL DUES AND SUBSC   | 40,281.               | 14,557.                | 165.                  | 25,559                    |
| c  | SCHOLARSHIP RELATED COS   | 3,138.                | 3,138.                 |                       |                           |
| d  | BANK AND FINANCE FEES   | 745.                  | .,                     | 745.                  |                           |
|    |   | , = J •               |                        | / = J •               |                           |
|    | All other expenses  | 5,495,418.            | 4,599,562.             | 280,520.              | 615,336                   |
| 5  | Total functional expenses. Add lines 1 through 24e  | J,49J,410.            | 4,399,302.             | 200,520.              | 010,000                   |
| 6  | Joint costs. Complete this line only if the organization  |                       |                        |                       |                           |
|    | reported in column (B) joint costs from a combined  |                       |                        |                       |                           |
|    | educational campaign and fundraising solicitation.  |                       |                        |                       |                           |
|    | Check here if following SOP 98-2 (ASC 958-720)  |                       |                        |                       |                           |

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2022.05040 GIRLS INCORPORATED OF NEW Y 1018G\_1

11

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6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 816,584. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 480,062. 217,198. b Less: accumulated depreciation 10b 10c 588,445. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,505,170. 1,809,232. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 101,960. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 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% 22 controlled entity or family member of any of these persons 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 25 of Schedule D 101,960. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 1,122,554. 1,237,310. Net assets without donor restrictions 27 27 1,165,900. Net assets with donor restrictions 28 28 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

GIRLS INCORPORATED OF NEW YORK CITY

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

1

2

3

4

5

(A)

Beginning of year

792,709.

865,421.

41,397.

(B)

End of year

358,610.

658,355.

336,522.

413,183.

211,678.

211,678.

475,000.

1,597,554.

1,809,232.

Form **990** (2022)

30

31

32

33

2,403,210.

2,505,170.

42,562.

1

2

3 4

Assets

\_iabilities

Net Assets or Fund Balances

30 31

32

33

Part X Balance Sheet

| Form | 990 (2022) GIRLS INCORPORATED OF NEW YORK CITY   | 13-4     | 4028433 | Pag | ge <b>12</b> |
|------|--|----------|---------|-----|--------------|
| Pa   | rt XI Reconciliation of Net Assets   |          |         |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |          |         |     |              |
|      |  |          |         |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        | 4,578   |     |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 5,49    |     |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | -91     |     |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 2,403   |     |              |
| 5    | Net unrealized gains (losses) on investments   | 5        | 110     | 0,8 | 34.          |
| 6    | Donated services and use of facilities   | 6        |         |     |              |
| 7    | Investment expenses  | 7        |         |     |              |
| 8    | Prior period adjustments   | 8        |         |     |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |         |     | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |          |         |     |              |
|      | column (B))  | 10       | 1,59'   | 7,5 | 54.          |
| Pa   | rt XII Financial Statements and Reporting  |          |         |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |         |     |              |
|      |  |          |         | Yes | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |          |         |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | э О.     |         |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          | 2a      |     | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a   |         |     |              |
|      | separate basis, consolidated basis, or both:   |          |         |     |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          |         |     |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b      | Х   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e basis, |         |     |              |
|      | consolidated basis, or both:   |          |         |     |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |          |         |     |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the |          |         |     |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | 2c      | Х   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | nedule O |         |     |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |          |         |     |              |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          | 3a      |     | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |          |         |     | 1            |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          |         | 000 |              |

Form **990** (2022)

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| SCHEDULE A | ٩ |
|------------|---|
|------------|---|

(Form 990)

Total

# 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.

| OMB No. 1545-0047 |
|-------------------|
| 2022              |
| Onen te Dublie    |

| Department of the Treasury<br>Internal Revenue Service       Attach to Form 990 or Form 990-EZ.       Open to Pub<br>Inspection |           |   |                   |                       |   | Open to Public<br>Inspection |                                   |                       |                |                            |  |  |
|---|-----------|---|-------------------|-----------------------|---|------------------------------|-----------------------------------|-----------------------|----------------|----------------------------|--|--|
| Nan   | ne of t   | the organizati  |                   | Go to www.irs.gov/    | Formago for instruction                               | is and the                   | e latest in                       | iormation.            | Employer       | identification number      |  |  |
| Nan   |           | ine organizati  |                   | S TNCORDOR            | ATED OF NEW   | VOBK                         | CTTV                              |                       |                | 3-4028433                  |  |  |
| Pa  | rt I      | Reason  |                   |                       | (All organizations must c                             |                              |                                   | See instructio        |                | J 40204JJ                  |  |  |
|   |           |   |                   |                       |   |                              |                                   |                       | 13.            |                            |  |  |
|   | organ     |   | •                 |                       | (For lines 1 through 12, c                            |                              |                                   |                       |                |                            |  |  |
| 1   |           |   |                   |                       | on of churches described                              |                              | )(a)017 nd                        | 1)(A)(I).             |                |                            |  |  |
| 2   | $\square$ |   |                   |                       | Attach Schedule E (Form                               |                              |                                   |                       |                |                            |  |  |
| 3   |           | -   | •                 |                       | anization described in se                             |                              |                                   | -                     |                |                            |  |  |
| 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). (C | Complete Part II.)    |   |                              |                                   |                       |                |                            |  |  |
| 6   |           | A federal, sta  | ite, or local go  | vernment or governr   | mental unit described in s                            | section 17                   | 70(b)(1)(A)                       | (v).                  |                |                            |  |  |
| 7   | Χ         |   |                   |                       | antial part of its support f                          |                              |                                   |                       | the general    | public described in        |  |  |
|   |           |   |                   | omplete Part II.)     |   | Ũ                            |                                   |                       | U              |                            |  |  |
| 8   |           |   |                   |                       | (1)(A)(vi). (Complete Parl                            | : 11.)                       |                                   |                       |                |                            |  |  |
| 9   |           |   |                   |                       | in section 170(b)(1)(A)(                              |                              | ed in coniı                       | unction with a        | land-grant     | college                    |  |  |
| -   |           | -   | -                 | •                     | culture (see instructions).                           |                              | -                                 |                       | -              | -                          |  |  |
|   |           | university:   |                   | jiani conego er agin  |   |                              |                                   | ,,                    |                | ,                          |  |  |
| 10  |           |   | on that norma     | Ilv receives (1) more | than 33 1/3% of its sup                               | ort from                     | contributio                       | ons members           | hin fees a     | nd gross receipts from     |  |  |
|   |           |   |                   |                       | ct to certain exceptions;                             |                              |                                   |                       |                |                            |  |  |
|   |           |   |                   |                       | e (less section 511 tax) fro                          |                              |                                   |                       |                |                            |  |  |
|   |           |   |                   | mplete Part III.)     |   |                              |                                   | <b>,</b>              | 5              | ,                          |  |  |
| 11  |           |   |                   | • •                   | sively to test for public sa                          | fetv. See s                  | section 5                         | 09(a)(4).             |                |                            |  |  |
| 12  |           | -   | -                 | -                     | sively for the benefit of, to                         | •                            |                                   |                       | arrv out the   | e purposes of one or       |  |  |
|   |           | -   | -                 | -                     | ed in section 509(a)(1) o                             |                              |                                   |                       | -              |                            |  |  |
|   |           |   |                   |                       | of supporting organization                            |                              |                                   |                       |                |                            |  |  |
| а   |           | 7   |                   |                       | supervised, or controlled                             |                              |                                   |                       |                | / aivina                   |  |  |
|   |           |   |                   | -                     | gularly appoint or elect a                            | •                            |                                   | -                     |                |                            |  |  |
|   |           |   |                   | complete Part IV, S   |   | , ,                          |                                   |                       |                | 11 5                       |  |  |
| b   |           | ¬ -   |                   |                       | d or controlled in connec                             | tion with it                 | ts support                        | ed organizati         | on(s). bv ha   | avina                      |  |  |
|   |           |   |                   | -                     | anization vested in the s                             |                              |                                   | -                     |                | -                          |  |  |
|   |           |   | •                 | t complete Part IV,   |   | I                            |                                   |                       | 5 1            | I.                         |  |  |
| с   |           | 7 -   |                   |                       | g organization operated                               | in connec                    | tion with.                        | and functiona         | allv integrat  | ed with.                   |  |  |
|   |           |   | -                 |                       | s). You must complete F                               |                              |                                   |                       | , <b>.</b>     | ,                          |  |  |
| d   |           |   |                   |                       | porting organization oper                             |                              |                                   |                       | rted organi    | ization(s)                 |  |  |
|   |           |   | -                 |                       | zation generally must sat                             |                              |                                   |                       | -              |                            |  |  |
|   |           |   |                   |                       | nplete Part IV, Sections                              |                              |                                   |                       |                |                            |  |  |
| е   |           | - ·   |                   | ,                     | written determination fro                             |                              |                                   |                       | e II. Type III |                            |  |  |
|   |           |   | •                 |                       | onally integrated supporti                            |                              |                                   | <b>J</b> I <b>J</b> I | , ,,           |                            |  |  |
| f   | Ente      |   | of supported of   |                       |   |                              |                                   |                       |                |                            |  |  |
| q   |           |   | • •               | about the support     |   |                              |                                   |                       |                | •                          |  |  |
|   |           | i) Name of supp   |                   | (ii) EIN              | (iii) Type of organization                            | (iv) Is the orga             | anization listed<br>ing document? | (v) Amount o          | f monetary     | (vi) Amount of other       |  |  |
|   |           | organizatior  | ו                 |                       | (described on lines 1-10<br>above (see instructions)) | Yes                          | No                                | support (see i        | nstructions)   | support (see instructions) |  |  |
|   |           |   |                   |                       |   |                              |                                   |                       |                |                            |  |  |
|   |           |   |                   |                       |   |                              |                                   |                       |                |                            |  |  |
|   |           |   |                   |                       |   |                              |                                   |                       |                |                            |  |  |
|   |           |   |                   |                       |   |                              |                                   |                       |                |                            |  |  |
|   |           |   |                   |                       |   |                              |                                   |                       |                |                            |  |  |

| Schedule A  | A (Form 990) 2022  | GIRLS          | INCORPORATED              | OF      | NEW | YORK                          | CITY  | 13-4028433 | Page <b>2</b> |
|---|--|----------------|---------------------------|---------|-----|-------------------------------|-------|------------|---------------|
| Part II   | 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 Part III. If the organization failed to qualify under Part III. |  |                |                           |         |     | nder Part III. If the organiz | ation |            |               |
|   | fails to qualify under the te  | ests listed be | elow, please complete Par | t III.) |     |                               |       |            |               |

| Sec  | Section A. Public Support  |                       |                 |             |          |          |                 |  |  |  |  |
|------|--|-----------------------|-----------------|-------------|----------|----------|-----------------|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018       | <b>(b)</b> 2019 | (c) 2020    | (d) 2021 | (e) 2022 | (f) Total       |  |  |  |  |
| 1    | Gifts, grants, contributions, and  |                       |                 |             |          |          |                 |  |  |  |  |
|      | membership fees received. (Do not  |                       |                 |             |          |          |                 |  |  |  |  |
|      | include any "unusual grants.")   | 3192973.              | 2981888.        | 3667959.    | 4932936. | 4437594. | 19213350.       |  |  |  |  |
| 2    | Tax revenues levied for the organ-   |                       |                 |             |          |          |                 |  |  |  |  |
|      | ization's benefit and either paid to   |                       |                 |             |          |          |                 |  |  |  |  |
|      | or expended on its behalf  |                       |                 |             |          |          |                 |  |  |  |  |
| 3    | The value of services or facilities  |                       |                 |             |          |          |                 |  |  |  |  |
|      | furnished by a governmental unit to  |                       |                 |             |          |          |                 |  |  |  |  |
|      | the organization without charge  |                       |                 |             |          |          |                 |  |  |  |  |
| 4    | Total. Add lines 1 through 3   | 3192973.              | 2981888.        | 3667959.    | 4932936. | 4437594. | 19213350.       |  |  |  |  |
| 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)   |                       |                 |             |          |          | 969,859.        |  |  |  |  |
| 6    | Public support. Subtract line 5 from line 4.   |                       |                 |             |          |          | 18243491.       |  |  |  |  |
| Sec  | ction B. Total Support   |                       |                 |             |          |          |                 |  |  |  |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019 | (c) 2020    | (d) 2021 | (e) 2022 | (f) Total       |  |  |  |  |
|      | Amounts from line 4  | 3192973.              | 2981888.        | 3667959.    | 4932936. | 4437594. | 19213350.       |  |  |  |  |
| 8    | Gross income from interest,  |                       |                 |             |          |          |                 |  |  |  |  |
|      | dividends, payments received on  |                       |                 |             |          |          |                 |  |  |  |  |
|      | securities loans, rents, royalties,  |                       |                 |             |          |          |                 |  |  |  |  |
|      | and income from similar sources  | 205.                  | 22.             | 12.         | 5,348.   | 5,892.   | 11,479.         |  |  |  |  |
| 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.)   |                       |                 |             |          |          |                 |  |  |  |  |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                 |             |          |          | 19224829.       |  |  |  |  |
|      | Gross receipts from related activities,  | etc. (see instruction | ons)            |             |          | 12       | 582,426.        |  |  |  |  |
|      | First 5 years. If the Form 990 is for th   |                       | ,               |             |          |          |                 |  |  |  |  |
|      | organization, check this box and <b>stor</b>   |                       |                 |             |          |          |                 |  |  |  |  |
| Sec  | ction C. Computation of Publ   |                       |                 |             |          |          |                 |  |  |  |  |
| -    | Public support percentage for 2022 (   |                       |                 | column (f)) |          | 14       | 94.90 %         |  |  |  |  |
|      | Public support percentage from 2021  |                       |                 |             |          | 15       | 97.81 %         |  |  |  |  |
|      | <b>33 1/3% support test - 2022.</b> If the o   |                       |                 |             |          |          |                 |  |  |  |  |
|      | stop here. The organization qualifies  |                       |                 |             |          |          |                 |  |  |  |  |
| b    | 33 1/3% support test - 2021. If the o  |                       |                 |             |          |          |                 |  |  |  |  |
|      | and <b>stop here.</b> The organization qual  |                       |                 |             |          |          |                 |  |  |  |  |
| 17a  | 10% -facts-and-circumstances tes   |                       |                 |             |          |          |                 |  |  |  |  |
|      | and if the organization meets the fact   |                       |                 |             |          |          |                 |  |  |  |  |
|      | meets the facts-and-circumstances te   |                       |                 | -           |          |          |                 |  |  |  |  |
| h    | 10% -facts-and-circumstances tes   | •                     | •               |             | •        |          |                 |  |  |  |  |
| ~    |  | -                     |                 |             |          |          |                 |  |  |  |  |
|      | more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |                       |                 |             |          |          |                 |  |  |  |  |
| 18   | Private foundation. If the organization  |                       |                 |             |          |          |                 |  |  |  |  |
|      |  |                       |                 |             |          |          | (Form 990) 2022 |  |  |  |  |

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| Schedule A | (Form 990) | 2022     | GIRLS       | INCORPORATED        | OF  | NEW     | YORK     | CITY |
|------------|------------|----------|-------------|---------------------|-----|---------|----------|------|
| Part III   | Support    | Schedule | for Organiz | ations Described in | Sec | tion 50 | )9(a)(2) |      |

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

| Sec   | ction A. Public Support  |                      |                     |                        |                    |                   |                     |
|-------|--|----------------------|---------------------|------------------------|--------------------|-------------------|---------------------|
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2018             | <b>(b)</b> 2019     | (c) 2020               | (d) 2021           | (e) 2022          | (f) Total           |
| 1     | Gifts, grants, contributions, and  |                      |                     |                        |                    |                   |                     |
|       | membership fees received. (Do not  |                      |                     |                        |                    |                   |                     |
|       | include any "unusual grants.")   | L                    |                     |                        |                    |                   |                     |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                     |                        |                    |                   |                     |
| 3     | Gross receipts from activities that  |                      |                     |                        |                    |                   |                     |
|       | are not an unrelated trade or bus-<br>iness under section 513  |                      |                     |                        |                    |                   |                     |
| 4     | Tax revenues levied for the organ-   |                      |                     |                        |                    |                   |                     |
| -     | ization's benefit and either paid to   |                      |                     |                        |                    |                   |                     |
|       | or expended on its behalf  |                      |                     |                        |                    |                   |                     |
| 5     | The value of services or facilities  |                      |                     |                        |                    |                   |                     |
|       | furnished by a governmental unit to  |                      |                     |                        |                    |                   |                     |
|       | the organization without charge  |                      |                     |                        |                    |                   |                     |
| 6     | Total. Add lines 1 through 5   |                      |                     |                        |                    |                   |                     |
|       | Amounts included on lines 1, 2, and  |                      |                     |                        |                    |                   |                     |
|       | 3 received from disqualified persons   |                      |                     |                        |                    |                   |                     |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                     |                        |                    |                   |                     |
| c     | Add lines 7a and 7b  |                      |                     |                        |                    |                   |                     |
|       | Public support. (Subtract line 7c from line 6.)  |                      |                     |                        |                    |                   |                     |
|       | ction B. Total Support   |                      |                     |                        |                    |                   |                     |
| Cale  | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018      | <b>(b)</b> 2019     | (c) 2020               | (d) 2021           | (e) 2022          | (f) Total           |
| 9     | Amounts from line 6  |                      |                     |                        |                    |                   |                     |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                      |                     |                        |                    |                   |                     |
| b     | Unrelated business taxable income  |                      |                     |                        |                    |                   |                     |
|       | (less section 511 taxes) from businesses   |                      |                     |                        |                    |                   |                     |
|       | acquired after June 30, 1975   |                      |                     |                        |                    |                   |                     |
|       | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                          |                      |                     |                        |                    |                   |                     |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                      |                     |                        |                    |                   |                     |
|       | Total support. (Add lines 9, 10c, 11, and 12.)   |                      |                     |                        |                    |                   |                     |
| 14    | First 5 years. If the Form 990 is for the  | ne organization's fi | rst, second, third, | , fourth, or fifth tax | year as a section  | 501(c)(3) organiz | ation,              |
|       | check this box and stop here   |                      |                     |                        |                    |                   |                     |
|       | ction C. Computation of Publ   |                      |                     |                        |                    | 1 1               |                     |
|       | Public support percentage for 2022 (   |                      |                     | column (f))            |                    | 15                | %                   |
| -     | Public support percentage from 2021  |                      |                     |                        |                    | 16                | %                   |
|       | ction D. Computation of Inve   |                      |                     |                        |                    | 1 1               |                     |
|       | Investment income percentage for 20  |                      |                     |                        |                    | 17                | %                   |
|       | Investment income percentage from  |                      |                     |                        |                    | 18                | <u>%</u>            |
| 19a   | <b>33 1/3% support tests - 2022.</b> If the  |                      |                     |                        |                    |                   | e 1 / is not        |
|       | more than 33 1/3%, check this box a  |                      |                     |                        |                    |                   |                     |
| b     | <b>33 1/3% support tests - 2021.</b> If the  |                      |                     |                        |                    |                   |                     |
| 00    | line 18 is not more than 33 1/3%, che  |                      |                     |                        |                    |                   | n                   |
|       | Private foundation. If the organization  | The check a          | box on line 14, 19  | a, ULISD, CHECKI       | uns box and see in |                   | Δ (Eorm 000) 0000   |
| 23202 | 23 12-09-22  |                      |                     | 16                     |                    | Schedule          | e A (Form 990) 2022 |

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

232024 12-09-22

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10b Schedule A (Form 990) 2022

#### Schedule A (Form 990) 2022 GIRLS INCORPORATED OF NEW YORK CITY 13-4028433 Page 5 Part IV Supporting Organizations (continued)

|     |        |               | <u> </u>  | <u> </u>    | JCOIIII           | iueu)    |           |           |        |           |          |        |                      |          |      |     |     |    |
|-----|--------|---------------|-----------|-------------|-------------------|----------|-----------|-----------|--------|-----------|----------|--------|----------------------|----------|------|-----|-----|----|
|     |        |               |           |             |                   |          |           |           |        |           |          |        |                      |          |      |     | Yes | No |
| 11  | Has t  | the organiz   | ation ad  | cepted a    | gift or contribut | ion fror | m any of  | of the fo | follov | wing pe   | rsons?   |        |                      |          |      |     |     |    |
| а   | A per  | rson who d    | irectly o | r indirectl | y controls, eithe | r alone  | or toget  | ether w   | with p | persons   | s descri | bed or | n lines <sup>-</sup> | 11b and  | ł    |     |     |    |
|     | 11c b  | pelow, the g  | governiı  | ng body o   | f a supported o   | rganiza  | tion?     |           |        |           |          |        |                      |          |      | 11a |     |    |
| b   | A fam  | nily membe    | er of a p | erson des   | cribed on line 1  | 1a abo   | ve?       |           |        |           |          |        |                      |          |      | 11b |     |    |
| с   | A 359  | % controlle   | ed entity | of a pers   | on described o    | n line 1 | 1a or 11b | 1b abo    | ove?   | ?If "Yes" | to line  | 11a, 1 | 1b, or 1             | 11c, pro | vide |     |     |    |
|     | detail | l in Part VI. |           |             |                   |          |           |           |        |           |          |        |                      |          |      | 11c |     |    |
| Sec | tion   | В. Туре       | I Supp    | oorting     | Organizatio       | ns       |           |           |        |           |          |        |                      |          |      |     |     |    |
|     |        |               |           |             |                   |          |           |           |        |           |          |        |                      |          |      |     | Yes | No |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)<br>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported<br>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the<br>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |   |
|---|---|---|
| 2 | Did the exercited contracts for the herefit of any supported exercited etermination other than the supported  | ſ |

| 500 | tion C. Type II Supporting Organizations  |
|-----|---|
|     | supervised, or controlled the supporting organization.  |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |
| Z   | Did the organization operate for the benefit of any supported organization other than the supported         |

| Section | . Type II Su | pporting or | yanizations |  |
|---------|--------------|-------------|-------------|--|
| -       |              |             |             |  |
|         |              |             |             |  |

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

232025 12-09-22

3b | Schedule A (Form 990) 2022

2a

2b

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Yes No

Yes No

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## Schedule A (Form 990) 2022 GIRLS INCORPORATED OF NEW YORK CITY 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 qualify | ing trust or | n Nov. 20, 1970 ( <i>explain in</i> ) | Part VI). See instructions.    |
|------|--|--------------|---------------------------------------|--------------------------------|
|      | All other Type III non-functionally integrated supporting organizations mu   | st complet   | e Sections A through E.               |                                |
| Sect | ion A - Adjusted Net Income  |              | (A) Prior Year                        | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1            |                                       |                                |
| 2    | Recoveries of prior-year distributions                                       | 2            |                                       |                                |
| 3    | Other gross income (see instructions)  | 3            |                                       |                                |
| 4    | Add lines 1 through 3.   | 4            |                                       |                                |
| 5    | Depreciation and depletion   | 5            |                                       |                                |
| 6    | Portion of operating expenses paid or incurred for production or             |              |                                       |                                |
|      | collection of gross income or for management, conservation, or               |              |                                       |                                |
|      | maintenance of property held for production of income (see instructions)     | 6            |                                       |                                |
| 7    | Other expenses (see instructions)  | 7            |                                       |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8            |                                       |                                |
| Sect | ion B - Minimum Asset Amount   |              | (A) Prior Year                        | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                |              |                                       |                                |
|      | instructions for short tax year or assets held for part of year):            |              |                                       |                                |
| а    | Average monthly value of securities  | 1a           |                                       |                                |
| -    | Average monthly cash balances  | 1b           |                                       |                                |
| с    | Fair market value of other non-exempt-use assets                             | 1c           |                                       |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d           |                                       |                                |
| e    | Discount claimed for blockage or other factors                               |              |                                       |                                |
|      | (explain in detail in <b>Part VI</b> ):                                      |              |                                       |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2            |                                       |                                |
| 3    | Subtract line 2 from line 1d.  | 3            |                                       |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |              |                                       |                                |
|      | see instructions).   | 4            |                                       |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5            |                                       |                                |
| 6    | Multiply line 5 by 0.035.  | 6            |                                       |                                |
| 7    | Recoveries of prior-year distributions                                       | 7            |                                       |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                  | 8            |                                       |                                |
| Sect | ion C - Distributable Amount   |              |                                       | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)        | 1            |                                       |                                |
| 2    | Enter 0.85 of line 1.  | 2            |                                       |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3            |                                       |                                |
| 4    | Enter greater of line 2 or line 3.   | 4            |                                       |                                |
| 5    | Income tax imposed in prior year   | 5            |                                       |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |              |                                       |                                |
|      | emergency temporary reduction (see instructions).                            | 6            |                                       |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integra | ted Type III supporting org           | anization (see                 |

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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#### GIRLS INCORPORATED OF NEW YORK CITY

| Par   | t V   Type III Non-Functionally integrated 509                    | (a)(3) Supporting Org         | anizations <sub>(contine</sub> | ued) |                                  |
|-------|---|-------------------------------|--------------------------------|------|----------------------------------|
| Secti | ion D - Distributions   |                               |                                |      | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exe         | mpt purposes                  |                                | 1    |                                  |
| 2     | Amounts paid to perform activity that directly furthers exemption | ot purposes of supported      |                                |      |                                  |
|       | organizations, in excess of income from activity                  |                               |                                | 2    |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose         | 3                             |                                |      |                                  |
| 4     | Amounts paid to acquire exempt-use assets                         |                               |                                | 4    |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro    | ovide details in Part VI)     |                                | 5    |                                  |
| 6     | Other distributions (describe in Part VI). See instructions.      | ,                             |                                | 6    |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.                |                               |                                | 7    |                                  |
| 8     | Distributions to attentive supported organizations to which the   | he organization is responsive | e                              |      |                                  |
|       | (provide details in <b>Part VI</b> ). See instructions.           | 0                             |                                | 8    |                                  |
| 9     | Distributable amount for 2022 from Section C, line 6              |                               |                                | 9    |                                  |
| 10    | Line 8 amount divided by line 9 amount                            |                               |                                | 10   |                                  |
|       | ,<br>,  | (i)                           | (ii)                           |      | (iii)                            |
| Secti | ion E - Distribution Allocations (see instructions)               | Excess Distributions          | Underdistribution<br>Pre-2022  | ns   | Distributable<br>Amount for 2022 |
| 1     | Distributable amount for 2022 from Section C, line 6              |                               |                                |      |                                  |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-      |                               |                                |      |                                  |
|       | able cause required - explain in Part VI). See instructions.      |                               |                                |      |                                  |
| 3     | Excess distributions carryover, if any, to 2022                   |                               |                                |      |                                  |
| а     | From 2017   |                               |                                |      |                                  |
| b     | From 2018   |                               |                                |      |                                  |
| с     | From 2019   |                               |                                |      |                                  |
| d     | From 2020   |                               |                                |      |                                  |
| е     | From 2021   |                               |                                |      |                                  |
| f     | Total of lines 3a through 3e                                      |                               |                                |      |                                  |
| g     | Applied to underdistributions of prior years                      |                               |                                |      |                                  |
| h     | Applied to 2022 distributable amount                              |                               |                                |      |                                  |
| i     | Carryover from 2017 not applied (see instructions)                |                               |                                |      |                                  |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.            |                               |                                |      |                                  |
| 4     | Distributions for 2022 from Section D,                            |                               |                                |      |                                  |
|       | line 7: \$  |                               |                                |      |                                  |
| а     | Applied to underdistributions of prior years                      |                               |                                |      |                                  |
| b     | Applied to 2022 distributable amount                              |                               |                                |      |                                  |
| С     | Remainder. Subtract lines 4a and 4b from line 4.                  |                               |                                |      |                                  |
| 5     | Remaining underdistributions for years prior to 2022, if          |                               |                                |      |                                  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater     |                               |                                |      |                                  |
|       | than zero, explain in Part VI. See instructions.                  |                               |                                |      |                                  |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h          |                               |                                |      |                                  |
|       | and 4b from line 1. For result greater than zero, explain in      |                               |                                |      |                                  |
|       | Part VI. See instructions.  |                               |                                |      |                                  |
| 7     | Excess distributions carryover to 2023. Add lines 3j              |                               |                                |      |                                  |
|       | and 4c.   |                               |                                |      |                                  |
| 8     | Breakdown of line 7:  |                               |                                |      |                                  |
| а     | Excess from 2018  |                               |                                |      |                                  |
| b     | Excess from 2019  |                               |                                |      |                                  |
| с     | Excess from 2020  |                               |                                |      |                                  |
| d     | Excess from 2021  |                               |                                |      |                                  |
|       | Excess from 2022  |                               |                                |      |                                  |

Schedule A (Form 990) 2022

232027 12-09-22

| Par<br>line<br>Sec | t IV, Section A, li<br>1; Part IV, Section | nes 1, 2, 3b, 3c, 4 | b, 4c, 5a, 6, 9a, 9<br>3; Part IV, Section | 9b, 9c, 11a, 11b, a<br>n E, lines 1c, 2a, 2 | and 11c; Part IV,<br>2b, 3a, and 3b; Pa | Section B, lines <sup>-</sup><br>art V, line 1; Part <sup>v</sup> | or 17b; Part III, line 12;<br>1 and 2; Part IV, Sectic<br>V, Section B, line 1e; P<br>onal information. | on C, |
|--------------------|--|---------------------|--|---|---|---|---|-------|
| line<br>Sec        | 1; Part IV, Section D, lines 5, 6          | on D, lines 2 and 3 | 3; Part IV, Section                        | n E, lines 1c, 2a, 2                        | 2b, 3a, and 3b; Pa                      | art V, line 1; Part '   | V, Section B, line 1e; P  |       |
| Sec                | ction D, lines 5, 6                        | , and 8; and Part \ | V, Section E, lines                        | s 2, 5, and 6. Also                         | o complete this p                       | art for any additic   | onal information.   |       |
|                    | e instructions.)                           |                     |  |   |   |   |   |       |
|                    |  |                     |  |   |   |   |   |       |
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| 3 12-09-22         |  |                     |  |   |   |   |   |       |

SCHEDULE D

Department of the Treasury Internal Revenue Service

#### (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Name of the organization

GIRLS INCORPORATED OF NEW YORK CITY

Employer identification number 13-4028433

|  | (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                             |  |  |
|  | advisors in writing that the assets held in donor adv    | ised funds                               |
| -  | anization's exclusive legal control?                     |  |
|  | and donor advisors in writing that grant funds can b     |  |
|  | the donor or donor advisor, or for any other purpose     | -  |
| impermissible private benefit?                               |  |  |
| Part II Conservation Easements. Comple                       | ete if the organization answered "Yes" on Form 990,      | , Part IV, line 7.                       |
| 1 Purpose(s) of conservation easements held by the           | e organization (check all that apply).                   |  |
| Preservation of land for public use (for exan                | nple, recreation or education)                           | of a historically important land area    |
| Protection of natural habitat                                | Preservation c   | of a certified historic structure        |
| Preservation of open space                                   |  |  |
| 2 Complete lines 2a through 2d if the organization h         | neld a qualified conservation contribution in the form   | n of a conservation easement on the last |
| day of the tax year.   |  | Held at the End of the Tax Yea           |
| a Total number of conservation easements                     |  | 2a                                       |
|  | nts  |  |
| c Number of conservation easements on a certified            | historic structure included in (a)                       | 2c                                       |
| d Number of conservation easements included in (c            | ) acquired after July 25,2006, and not on a              |  |
| historic structure listed in the National Register           |  | 2d                                       |
|  | nsferred, released, extinguished, or terminated by th    |  |
| year   |  |  |
| 4 Number of states where property subject to cons            | ervation easement is located                             |  |
|  | ding the periodic monitoring, inspection, handling of    | f  |
| violations, and enforcement of the conservation e            | asements it holds?                                       | Yes No.                                  |
|  | inspecting, handling of violations, and enforcing co     |  |
| 7 Amount of expenses incurred in monitoring, inspe           | ecting, handling of violations, and enforcing conserv    | ration easements during the year         |
|  |  |  |
| -  | ne 2(d) above satisfy the requirements of section 17     |  |
| and section 170(h)(4)(B)(ii)?                                |  |  |
|  | conservation easements in its revenue and expens         |  |
|  | of the footnote to the organization's financial stater   | ments that describes the                 |
| organization's accounting for conservation easem             |  |  |
|  | ections of Art, Historical Treasures, or (               | Other Similar Assets.                    |
| Complete if the organization answered "Ye                    |  |  |
| <b>1a</b> If the organization elected, as permitted under FA |  |  |
| 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 footnot        | e to its financial statements that describes these ite   | ems.                                     |
| <b>b</b> If the organization elected, as permitted under FA  | SB ASC 958, to report in its revenue statement and       | balance sheet works of                   |
| art, historical treasures, or other similar assets he        | ld for public exhibition, education, or research in fur  | therance of public service,              |
| provide the following amounts relating to these ite          | ems:   |  |
| (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, h       | istorical treasures, or other similar assets for financi | ial gain, provide                        |
| the following amounts required to be reported une            | der FASB ASC 958 relating to these items:                |  |
| a Revenue included on Form 990, Part VIII, line 1            |  | \$                                       |
| <b>b</b> Assets included in Form 990, Part X                 |  |  |
| A For Paperwork Reduction Act Notice, see the I              |  | Schedule D (Form 990) 202                |
| 2051 09-01-22  |  |  |
|  | 27   |  |
| 20130 788682 1018G   | 2022.05040 GIRLS INCORPORA                               |  |

|      | dule D (Form 990) 2022 GIRLS I t III Organizations Maintaining O | NCORPORATE                             |                 |                            |                            |             |                        |            |           | B Page 2   |
|------|--|--|-----------------|----------------------------|----------------------------|-------------|------------------------|------------|-----------|------------|
| 3    | Using the organization's acquisition, access                     |  |                 |                            |                            |             |                        |            | JCOILIN   | ueu)       |
| 3    | collection items (check all that apply):                         | ion, and other record                  | is, check a     | ny or the                  | ionowing the               | at make S   | ignincant              | use of its |           |            |
| а    | Public exhibition  | d                                      |                 | an or excl                 | nange progra               | am          |                        |            |           |            |
| b    | Scholarly research   | -<br>-                                 |                 |                            | lange progr                |             |                        |            |           |            |
| c    | Preservation for future generations                              | C                                      |                 |                            |                            |             |                        |            |           |            |
| 4    | Provide a description of the organization's c                    | ollections and explai                  | n how they      | , further th               | ne organizati              | ion's exer  | not ouro               | ose in Par |           |            |
| 5    | During the year, did the organization solicit of                 |  |                 |                            |                            |             |                        |            |           |            |
| •    | to be sold to raise funds rather than to be m                    |  | -               |                            |                            |             |                        |            | Yes       | No No      |
| Pa   | t IV Escrow and Custodial Arran                                  |  |                 |                            |                            |             |                        |            |           |            |
|      | reported an amount on Form 990, Pa                               | rt X, line 21.                         |                 | •                          |                            |             |                        |            |           |            |
| 1a   | Is the organization an agent, trustee, custod                    | ian or other intermed                  | diary for co    | ntribution                 | s or other as              | ssets not   | included               |            |           |            |
|      | on Form 990, Part X?   |  |                 |                            |                            |             |                        |            | Yes       | No No      |
| b    | If "Yes," explain the arrangement in Part XIII                   |  |                 |                            |                            |             |                        |            |           |            |
|      |  |  |                 |                            |                            |             |                        |            | Amount    |            |
| с    | Beginning balance  |  |                 |                            |                            |             | . 1c                   |            |           |            |
| d    | Additions during the year  |  |                 |                            |                            |             | . 1d                   |            |           |            |
| е    | Distributions during the year                                    |  |                 |                            |                            |             | . 1e                   |            |           |            |
| f    | Ending balance   |  |                 |                            |                            |             |                        |            |           |            |
|      | Did the organization include an amount on F                      |  |                 |                            |                            |             |                        | L          | Yes       | No No      |
|      | If "Yes," explain the arrangement in Part XIII                   |  |                 |                            |                            |             |                        |            |           |            |
| Pai  | <b>t V</b> Endowment Funds. Complete                             |  |                 |                            | rm 990, Par<br>(c) Two yea |             |                        | voare back | (a) Four  | years back |
|      |  | (a) Current year                       | <b>(b)</b> Prio | ryear                      | (C) 1 WU yea               | IS DALK (   | ( <b>a)</b> Thee y     | Cais Dack  | (e) i oui | years Dack |
|      | Beginning of year balance  |  |                 |                            |                            |             |                        |            |           |            |
| b    | Contributions  |  |                 |                            |                            |             |                        |            |           |            |
|      | Net investment earnings, gains, and losses                       |  |                 |                            |                            |             |                        |            |           |            |
| d    | Grants or scholarships   |  |                 |                            |                            |             |                        |            |           |            |
| е    | Other expenditures for facilities                                |  |                 |                            |                            |             |                        |            |           |            |
| f    | Administrative expenses  |  |                 |                            |                            |             |                        |            |           |            |
| g    | End of year balance  |  |                 |                            |                            |             |                        |            |           |            |
| 2    | Provide the estimated percentage of the cur                      | rent vear end balanc                   | e (line 1a      | column (a                  | )) held as:                |             |                        |            |           |            |
|      | Board designated or quasi-endowment                              |  | %               | oolanni (a                 |                            |             |                        |            |           |            |
| b    | Permanent endowment  | %                                      |                 |                            |                            |             |                        |            |           |            |
| c    |  | <u></u> /3                             |                 |                            |                            |             |                        |            |           |            |
|      | The percentages on lines 2a, 2b, and 2c sho                      | ould equal 100%.                       |                 |                            |                            |             |                        |            |           |            |
| 3a   | Are there endowment funds not in the posse                       | •                                      | ation that a    | are held a                 | nd administe               | ered for th | ne                     |            |           |            |
|      | organization by:   | -                                      |                 |                            |                            |             |                        |            |           | Yes No     |
|      | (i) Unrelated organizations                                      |  |                 |                            |                            |             |                        |            | 3a(i)     |            |
|      | (ii) Related organizations                                       |  |                 |                            |                            |             |                        |            | 3a(ii)    |            |
| b    | If "Yes" on line 3a(ii), are the related organization            | ations listed as requi                 | red on Sch      | edule R?                   |                            |             |                        |            | 3b        |            |
| _4   | Describe in Part XIII the intended uses of the                   | e organization's endo                  | wment fur       | nds.                       |                            |             |                        |            |           |            |
| Pa   | t VI Land, Buildings, and Equipn                                 |  |                 |                            |                            |             |                        |            |           |            |
|      | Complete if the organization answere                             | d "Yes" on Form 990                    | ), Part IV, I   | ine 11a. S                 | ee Form 990                | 0, Part X,  | line 10.               |            |           |            |
|      | Description of property  | <b>(a)</b> Cost or o<br>basis (investr |                 | <b>(b)</b> Cost<br>basis ( |                            |             | cumulate<br>preciation | ed         | (d) Bool  | k value    |
| 1a   | Land   |  |                 |                            |                            |             |                        |            |           |            |
|      | Buildings  |  |                 |                            |                            |             |                        |            |           |            |
|      | Leasehold improvements   |  |                 |                            |                            |             |                        |            |           |            |
| d    | Equipment  |  |                 |                            | 7,165.                     |             | 44,7                   |            |           | 2,394.     |
| -    | Other  |  |                 |                            | 9,419.                     | 4           | 35,2                   | 91.        |           | 4,128.     |
| Tota | . Add lines 1a through 1e. (Column (d) must e                    | equal Form 990, Part                   | X, column       | (B), line 1                | 0c.)                       |             |                        |            | 330       | 5,522.     |

Schedule D (Form 990) 2022

232052 09-01-22

| (a) Description of security or category (including name of security)  | (b) Book value   | 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market val |
|---|--|---|
|   | (b) BOOK Value   | (C) Method of Valuation. Cost of end-or-year market val                                     |
| Financial derivatives   |  |   |
| Closely held equity interests   |  |   |
| Other   |  |   |
| (A)<br>(P)  |  |   |
| (B)   |  |   |
| (C)   |  |   |
| (D)   |  |   |
| (E)   |  |   |
| (F)   |  |   |
| (G)   |  |   |
| (H)<br>otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |  |   |
| Part VIII Investments - Program Related.  |  |   |
| Complete if the organization answered "Yes"   | on Form 990 Part IV line                               | 11c See Form 000 Part X line 13   |
| (a) Description of investment   | (b) Book value   | (c) Method of valuation: Cost or end-of-year market val                                     |
|   |  | (b) Mothod of Valdation. Cost of ond of your market val                                     |
| (1)   |  |   |
| (2)   |  |   |
| (3)   |  |   |
| (4)   |  |   |
| (5)   |  |   |
| <u>(6)</u><br>(7)   |  |   |
| (7)   |  |   |
| (8)   |  |   |
| (0)   |  |   |
| (9)<br>otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Yes"   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)   | on Form 990, Part IV, line <sup>-</sup><br>Description | 11d. See Form 990, Part X, line 15.<br>(b) Book valu  |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)   |  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)   | Description  |   |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)<br>Part IX Other Assets.<br>Complete if the organization answered "Yes"<br>(a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line  | Description  |   |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  | Description  | (b) Book valu   |
| Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) lim         Part X         Other Liabilities.         Complete if the organization answered "Yes"   | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"  | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a)         (b)         (c)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a)         Description of liability         (1)         Federal income taxes   | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (1) Federal income taxes         (2)  | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (1)         (2)         (3)   | Description  | (b) Book valu   |
| Ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)   | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (1)         Peteral income taxes         (2)         (3)         (4)         (5)  | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (1)         Federal income taxes         (2)         (3)         (4)         (5)         (6)  | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) lim         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (1)         Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7) | Description  | (b) Book valu   |
| Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (1)         Federal income taxes         (2)         (3)         (4)         (5)         (6)  | Description  | (b) Book valu   |

GIRLS INCORPORATED OF NEW YORK CITY

13-4028433 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

|  | V YORK                     | CITY              | 13-     | 4028433 <sub>Pa</sub> | age <b>4</b>    |
|--|----------------------------|-------------------|---------|-----------------------|-----------------|
| Part XI Reconciliation of Revenue per Audited Financial State  | ments W                    | ith Revenue per F |         |                       | <u> </u>        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 1   | 2a.                        |                   |         |                       |                 |
| <b>1</b> Total revenue, gains, and other support per audited financial statements  |                            |                   | 1       | 4,689,76              | 62.             |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                            |                   |         |                       |                 |
| a Net unrealized gains (losses) on investments   | 2a                         | 110,834.          |         |                       |                 |
| b Donated services and use of facilities   |                            |                   |         |                       |                 |
| c Recoveries of prior year grants  |                            |                   |         |                       |                 |
| d Other (Describe in Part XIII.)   |                            |                   |         |                       |                 |
| e Add lines 2a through 2d  |                            |                   | 2e      | 110,83                |                 |
| 3 Subtract line 2e from line 1   |                            |                   | 3       | 4,578,92              | 28.             |
| 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                         |                   |         |                       |                 |
| b Other (Describe in Part XIII.)   | 4b                         |                   |         |                       |                 |
| c Add lines 4a and 4b  |                            |                   | 4c      |                       | 0.              |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                            |                   |         | 4,578,92              | 28.             |
| Part XII Reconciliation of Expenses per Audited Financial State  |                            | ith Expenses per  | r Retu  | ırn.                  |                 |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 1   |                            |                   |         |                       |                 |
| 1 Total expenses and losses per audited financial statements   |                            |                   | 1       | 5,495,41              |                 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                            |                   |         |                       | 18.             |
|  |                            |                   |         |                       | 18.             |
| a Donated services and use of facilities   | 2a                         |                   |         |                       | 18.             |
| <ul><li>a Donated services and use of facilities</li><li>b Prior year adjustments</li></ul>  |                            |                   |         |                       | 18.             |
| <ul><li>b Prior year adjustments</li><li>c Other losses</li></ul>  | 2b<br>2c                   |                   | -       |                       | 18.             |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> </ul>   | 2b<br>2c<br>2d             |                   | -       |                       | 18.             |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>  | 2b<br>2c<br>2d             |                   | 2e      |                       | 0.              |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> </ul>   | 2b<br>2c<br>2d             |                   | 2e<br>3 | 5,495,41              | 0.              |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>  | 2b<br>2c<br>2d             |                   |         | 5,495,41              | 0.              |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>  | 2b<br>2c<br>2d<br>4a       |                   |         | 5,495,41              | 0.              |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>  | 2b<br>2c<br>2d<br>4a       |                   |         | 5,495,41              | 0.              |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> </ul> | 2b<br>2c<br>2d<br>4a<br>4b |                   | 3<br>4c |                       | 0.<br>18.<br>0. |
| <ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> </ul>                                | 2b<br>2c<br>2d<br>4a<br>4b |                   | 3<br>4c | 5,495,41              | 0.<br>18.<br>0. |

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

#### Part X, Line 2:

WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION.

232054 09-01-22

| SCHEDULE G  | Suppleme  | ental Information Regarding  | g Fun   | drais  | sing or Gaming A  | ctivities  | OMB No. 1545-0047            |
|---|---|--|---|--|---|--|------------------------------|
| (Form 990)  |   | e organization answered "Yes" on<br>organization entered more than \$1 |   |  |   | r 19, or if the  | 2022                         |
| Department of the Treasury<br>Internal Revenue Service  | Got   | Attach to Form 990<br>www.irs.gov/Form990 for instru                   |   |  |   | Ŋ.   | Open to Public<br>Inspection |
| Name of the organization  |   |  |   | ana e  |   |  | identification number        |
|   | GIRLS I   | NCORPORATED OF NEW   | V YC  | RK   | CITY  | 13-40  | 28433                        |
|   | complete this par   | • Complete if the organization answert.                                | ered "\   | ∕es" o   | n Form 990, Part IV, li   | ne 17. Form 990  | )-EZ filers are not          |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | ions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, F |  | ition of<br>ition of<br>I fundra<br>I (inclu<br>profess | non-g<br>gover<br>aising<br>ding o<br>sional f   | overnment grants<br>nment grants<br>events<br>fficers, directors, trus<br>fundraising services? | X  |                              |
| compensated at le   | east \$5,000 by the   | e organization.  |   |  |   |  |                              |
| (i) Name and addres<br>or entity (fund  |   | (ii) Activity  | have or cor   | Did<br>raiser<br>custody<br>ntrol of<br>outions? | (iv) Gross receipts<br>from activity  | <b>(v)</b> Amount pai<br>to (or retained b<br>fundraiser<br>listed in col. <b>(i</b> | by) to (or retained by)      |
| JC GEEVER INC 1   | 1 RIVERSIDE   |  | Yes   | No   |   |  |                              |
| DRIVE, NEW YORK, N  | Y 10023   | FUNDRAISING CONSULTANTS  |   | Х  | 0.  |  | 0. 17,188.                   |
| TAKETWO SERVICES L  | P - 2110  |  |   |  |   |  |                              |
| 33RD ROAD, ASTORIA  | , NY 11106  | GRANT WRITER   |   | Х  | 0.  |  | 0. 29,500.                   |
|   |   | on is registered or licensed to solicit                                |   |  | s or has been notified  | it is exempt from  | 46,688.<br>m registration    |
|   |   |  |   |  |   |  |                              |
|   |   |  |   |  |   |  |                              |
|   |   |  |   |  |   |  |                              |
|   |   |  |   |  |   |  |                              |
|   |   |  |   |  |   |  |                              |

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

Schedule G (Form 990) 2022

232081 10-27-22

GIRLS INCORPORATED OF NEW YORK CITY

13-4028433 Page 2

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.

|                  |          |   |                           | (b) Event #2            | (c) Other events   |                         |
|------------------|----------|---|---------------------------|-------------------------|--------------------|-------------------------|
|                  |          |   | (a) Event #1<br>SPRING    | COLLEGE                 | None               | (d) Total events        |
|                  |          |   | BENEFIT                   | SHOWER & OTH            | 1,0110             | (add col. (a) through   |
|                  |          |   | (event type)              | (event type)            | (total number)     | col. <b>(c)</b> )       |
|                  |          | Ourse manifely  | 551,628.                  |                         |                    | 580,560                 |
|                  | 1        | Gross receipts  | 551,020.                  | 20,952.                 |                    | 500,500                 |
|                  | 2        | Less: Contributions   | 323,583.                  | 28,932.                 |                    | 352,515                 |
| +                | 3        | Gross income (line 1 minus line 2)  | 228,045.                  |                         |                    | 228,045                 |
|                  | 4        | Cash prizes   |                           |                         |                    |                         |
|                  | 5        | Noncash prizes  |                           |                         |                    |                         |
|                  | 6        | Rent/facility costs   |                           |                         |                    |                         |
| חווברו באחבוואבא | 7        | Food and beverages  | 228,045.                  |                         |                    | 228,045                 |
| - I              | 8        | Entertainment   |                           |                         |                    |                         |
|                  | 9        | Other direct expenses   |                           |                         |                    |                         |
|                  | 10       | Direct expense summary. Add lines 4 throug                                    |                           |                         |                    | 228,045                 |
|                  |          | Net income summary. Subtract line 10 from                                     |                           |                         |                    | 0                       |
| ar               | rt I     | <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Forn    |                         | reported more than |                         |
| ,                |          |   | (a) Bingo                 | (b) Pull tabs/instant   | (c) Other gaming   | (d) Total gaming (ad    |
|                  |          |   | (,                        | bingo/progressive bingo | (0) 0 1101 gammig  | col. (a) through col. ( |
|                  |          |   |                           |                         |                    |                         |
| ╇                | 1        | Gross revenue   |                           |                         |                    |                         |
|                  | ~        | Cook aviera   |                           |                         |                    |                         |
| 3                | 2        | Cash prizes   |                           |                         |                    |                         |
|                  | 3        | Noncash prizes  |                           |                         |                    |                         |
|                  | 4        | Rent/facility costs   |                           |                         |                    |                         |
|                  | 5        | Other direct expenses   |                           |                         |                    |                         |
|                  |          |   | <b>Yes</b> %              | <b>Yes</b> %            | <b>Yes</b> %       |                         |
|                  | 6        | Volunteer labor   | No                        | No                      | No                 |                         |
|                  | 7        | Direct expense summary. Add lines 2 throug                                    | h 5 in column (d)         |                         |                    |                         |
|                  | 8        | Net gaming income summary. Subtract line 7                                    | 7 from line 1. column (d) |                         |                    |                         |
|                  | <u> </u> | Hot gaming moome sammary. Cubrast inter                                       |                           |                         |                    |                         |
|                  | Ent      | er the state(s) in which the organization cond                                | ucts gaming activities:   |                         |                    |                         |
|                  |          | he organization licensed to conduct gaming a                                  |                           |                         |                    |                         |
| b                | lf "I    | No," explain:   |                           |                         |                    |                         |
|                  |          |   |                           |                         |                    |                         |
|                  |          |   |                           |                         |                    |                         |
|                  |          | re any of the organization's gaming licenses r                                |                           |                         |                    | . 🛄 Yes 🛄 N             |
| b                | lf "`    | Yes," explain:  |                           |                         |                    |                         |
|                  |          |   |                           |                         |                    |                         |
|                  |          |   |                           |                         |                    |                         |
| _ '              | _        |   |                           |                         |                    |                         |

| Sch        | edule G (Form 990) 2022                                       | GIRLS           | INCORPORATED                                 | OF NEW         | YORK CITY                 | 13-4           | 02843            | B Page 3   |
|------------|---|-----------------|--|----------------|---------------------------|----------------|------------------|------------|
| 11         | Does the organization conduct ga                              | aming activitie | es with nonmembers?                          |                |                           |                | Yes              | No         |
|            | Is the organization a grantor, ben                            |                 |  |                |                           |                |                  |            |
|            | to administer charitable gaming?                              |                 |  |                |                           |                | Yes              | No No      |
| 13         | Indicate the percentage of gaming                             |                 |  |                |                           |                |                  |            |
| а          | The organization's facility                                   |                 |  |                |                           |                | 13a              | %          |
|            | An outside facility   |                 |  |                |                           |                | 13b              | %          |
| 14         | Enter the name and address of th                              | e person who    | prepares the organization                    | s gaming/spe   | ecial events books and    | records:       |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            | Name  |                 |  |                |                           |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            | Address   |                 |  |                |                           |                |                  |            |
|            |   |                 |  |                |                           | _              |                  |            |
| 15a        | Does the organization have a con                              | tract with a th | hird party from whom the or                  | ganization re  | ceives gaming revenue?    | ?              | L Yes            | └── No     |
|            |   |                 |  | ٠              |                           |                |                  |            |
| D          | If "Yes," enter the amount of gam                             |                 |  | \$             | and the                   | e amount       |                  |            |
| _          | of gaming revenue retained by the                             |                 |  |                |                           |                |                  |            |
| C          | If "Yes," enter name and address                              | or the third p  | arty.  |                |                           |                |                  |            |
|            | Name  |                 |  |                |                           |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            | Address   |                 |  |                |                           |                |                  |            |
|            | Address   |                 |  |                |                           |                |                  |            |
| 16         | Gaming manager information:                                   |                 |  |                |                           |                |                  |            |
| 10         | Gaming manager mormation.                                     |                 |  |                |                           |                |                  |            |
|            | Name  |                 |  |                |                           |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            | Gaming manager compensation                                   | \$              |  |                |                           |                |                  |            |
|            | 5 5 1   |                 |  |                |                           |                |                  |            |
|            | Description of services provided                              |                 |  |                |                           |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            | Director/officer  | Employ          | ee Indepe                                    | ndent contra   | actor                     |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
|            | Mandatory distributions:                                      |                 |  |                |                           |                |                  |            |
| а          | Is the organization required under                            | r state law to  | make charitable distribution                 | s from the ga  | aming proceeds to         |                |                  |            |
|            |   |                 |  |                |                           |                | 📖 Yes            | └── No     |
| b          | Enter the amount of distributions                             | -               |  | d to other exe | empt organizations or s   | pent in the    |                  |            |
| Da         | organization's own exempt activit<br>rt IV Supplemental Infor |                 | e tax year \$<br>ovide the explanations requ | rad by Dart I  | line Ob. columna (iii) or |                | ut III, lines (  | 0h 10h     |
| Гd         |   |                 |  | •              |                           | id (v); and Pa | irt III, lines 9 | , 90, 100, |
|            | 150, 150, 16, and 170, as                                     | applicable.     | Also provide any additional                  | mormation. a   |                           |                |                  |            |
|            |   |                 |  |                |                           |                |                  |            |
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| 23208      | 83 10-27-22   |                 |  |                |                           | Sched          | ule G (Form      | 990) 2022  |
| <b>.</b> - |   |                 |  | 33             |                           |                | -                |            |

| Schedule G (Form 990) Part IV Supplemental | GIRLS | INCORPORATED | OF | NEW | YORK | CITY | 13-4028433 Page 4     |
|--|-------|--------------|----|-----|------|------|-----------------------|
|  |       | ninded)      |    |     |      |      |                       |
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|  |       |              |    |     |      |      |                       |
| 232084 04-01-22                            |       |              |    |     |      |      | Schedule G (Form 990) |
|  |       |              | 34 |     |      |      |                       |

14320130 788682 1018G 2022.05040 GIRLS INCORPORATED OF NEW Y 1018G\_1

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury   | (Form 990) Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |
|--|--|------------------|------------------------------------|---------------------------------|---|---|---------------------------------------|-----------------------------|------------------------|--|--|
| Internal Revenue Service   |  |                  | Go to www.irs                      | .gov/Form990 for                | the latest inform                             | ation.  |                                       |                             | pection                |  |  |
| Name of the organization   | GIRLS INC  | ORPORATED        | OF NEW YOR                         | K CITY                          |   |   |                                       | Employer identifica<br>13-4 | ation number<br>028433 |  |  |
| Part I General Inform  | ation on Grants a  | nd Assistance    |                                    |                                 |   |   |                                       |                             |                        |  |  |
| <ul> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> |  |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |
| Part II Grants and Oth   | er Assistance to   | Domestic Organia |                                    | c Governments. C                | complete if the org                           | anization answered "Y   | ′es" on Form 990, Par                 | rt IV, line 21, for any     |                        |  |  |
| <b>1 (a)</b> Name and address<br>or governm  |  | <b>(b)</b> EIN   | (c) IRC section<br>(if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose o<br>or assista |                        |  |  |
|  |  |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |
|  |  |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |
|  |  |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |
|  |  |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |
|  |  |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |
|  |  |                  |                                    |                                 |   |   |                                       |                             |                        |  |  |

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

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

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Schedule I (Form 990) 2022

#### Schedule I (Form 990) 2022 GIRLS INCORPORATED OF NEW YORK CITY

13-4028433

Page 2

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 | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
|  |                          |                                 |                                       |   |                                       |
| BODY SHOP COLLEGE SHOWER SCHOLARSHIP RECIPIENTS. | 26                       | 60,000.                         | 0.                                    |   |                                       |
|  |                          |                                 |                                       |   |                                       |
|  |                          |                                 |                                       |   |                                       |
|  |                          |                                 |                                       |   |                                       |
|  |                          |                                 |                                       |   |                                       |
|  |                          |                                 |                                       |   |                                       |
|  |                          |                                 |                                       |   |                                       |
|  |                          |                                 |                                       |   |                                       |
|  |                          |                                 |                                       |   |                                       |

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

| sc   | HEDULE J               | Compensation Information   | 1          | OMB No.     | 1545-00   | 47     |
|------|------------------------|--|------------|-------------|-----------|--------|
| (Fo  | rm 990)                | For certain Officers, Directors, Trustees, Key Employees, and Highest  |            | 20          | <b>77</b> | )      |
|      |                        | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  |            | ΖU          |           |        |
| Dena | tment of the Treasury  | Attach to Form 990.  |            | Open to     |           |        |
|      | al Revenue Service     | Go to www.irs.gov/Form990 for instructions and the latest information.   |            | Inspe       |           |        |
| Nan  | e of the organizatio   |  | Employer i |             |           | mber   |
|      |                        | GIRLS INCORPORATED OF NEW YORK CITY  | 13-4       | 02843       | 3         |        |
| Pa   | rt I Question          | s Regarding Compensation   |            |             |           |        |
|      |                        |  |            |             | Yes       | No     |
| 1a   |                        | ate box(es) if the organization provided any of the following to or for a person listed on Form  | n 990,     |             |           |        |
|      |                        | line 1a. Complete Part III to provide any relevant information regarding these items.  |            |             |           |        |
|      | First-class or c       | , i i i i i i i i i i i i i i i i i i i  |            |             |           |        |
|      | Travel for com         |  |            |             |           |        |
|      |                        | ation and gross-up payments  |            |             |           |        |
|      |                        | spending account Personal services (such as maid, chauffe  | ur, cnet)  |             |           |        |
| h    | If any of the bayes    | on line 1a are checked, did the organization follow a written policy recording powerst or  |            |             |           |        |
| b    |                        | on line 1a are checked, did the organization follow a written policy regarding payment or<br>provision of all of the expenses described above? If "No," complete Part III to explain |            | 1b          |           |        |
| 2    |                        | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |            |             |           |        |
| 2    | •                      | rs, including the CEO/Executive Director, regarding the items checked on line 1a?  |            | 2           |           |        |
|      | trustees, and onlee    |  |            |             |           |        |
| 3    | Indicate which, if a   | ny, of the following the organization used to establish the compensation of the organization?  | s          |             |           |        |
|      |                        | ector. Check all that apply. Do not check any boxes for methods used by a related organizat  |            |             |           |        |
|      |                        | ation of the CEO/Executive Director, but explain in Part III.  |            |             |           |        |
|      | Compensation           |  |            |             |           |        |
|      | Independent of         | compensation consultant Compensation survey or study   |            |             |           |        |
|      | Form 990 of o          | ther organizations X Approval by the board or compensation of  | 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 re   | lated organization:  |            |             |           |        |
| а    |                        | e payment or change-of-control payment?  |            |             |           | X      |
| b    |                        | eive payment from a supplemental nonqualified retirement plan?   |            |             |           | X      |
| С    |                        | eive payment from an equity-based compensation arrangement?  |            | 4c          |           | X      |
|      | If "Yes" to any of lir | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |            |             |           |        |
|      | Only agetter FOd/      | (12) E01(a)(4) and E01(a)(20) extensions must complete lines 5.0   |            |             |           |        |
| F    |                        | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.<br>on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati              | 00         |             |           |        |
| 5    | contingent on the r    |  | UT         |             |           |        |
| 2    | •                      |  |            | 5a          |           | x      |
|      |                        | ation?   |            |             | 1         | X      |
| 2    |                        | or 5b, describe in Part III.   |            |             |           | _      |
| 6    |                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati   | on         |             |           |        |
|      | contingent on the r    |  |            |             |           |        |
| а    | -                      |  |            | 6a          |           | X      |
|      |                        | ation?   |            |             |           | Х      |
|      |                        | 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 payment   | S          |             |           |        |
|      | not described on li    | nes 5 and 6? If "Yes," describe in Part III  |            | 7           |           | Х      |
| 8    | Were any amounts       | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to   | the        |             |           |        |
|      | initial contract exce  | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   |            | 8           |           | X      |
| 9    |                        | id the organization also follow the rebuttable presumption procedure described in  |            |             |           |        |
|      |                        | n 53.4958-6(c)?  |            |             |           |        |
| LHA  | For Paperwork R        | eduction Act Notice, see the Instructions for Form 990.  | Sched      | ule J (Forr | n 990)    | ) 2022 |

13-4028433

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

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

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

|                           |      | (B) Breakdown of W       | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B)         |
|---------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title        |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) PAMELA MARALDO        | (i)  | 236,380.                 | 0.  | 0.  | 1,000.                            | 10,734.                 | 248,114.                           | 0.  |
| EXECUTIVE DIRECTOR        | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      |                                    | 0.  |
| (2) LILY CHANG            | (i)  | 154,592.                 | 0.  | 0.  | 1,000.                            | 27,408.                 | 183,000.                           | 0.  |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      |                                    | 0.  |
| (3) APRIL CALDWELL        | (i)  | 138,154.                 | 0.  | 0.  | 1,000.                            | 14,161.                 | 153,315.                           | 0.  |
| CHIEF PROGRAM OFFICER     | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (4) PATRICIA JACOVINA     | (i)  | 136,711.                 | 0.  | 0.  | 1,000.                            | 14,534.                 | 152,245.                           | 0.  |
| CHIEF OPERATING OFFICER   | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    | ļ   |
|                           | (i)  |                          |   |   |                                   |                         |                                    | ļ   |
|                           | (ii) |                          |   |   |                                   |                         |                                    | ļ   |
|                           | (i)  |                          |   |   |                                   |                         |                                    | ļ   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |

#### Part III Supplemental Information

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

Schedule J (Form 990) 2022

| SCHEDULE O<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or Form 990-EZ.<br>Go to www.irs.gov/Form990 for the latest information. | -EZ                                       |
|--|--|---|
| Name of the organization   | GIRLS INCORPORATED OF NEW YORK CITY  | Employer identification number 13-4028433 |
| Form 990, Pa   | rt III, Line 1, Description of Organization M  | ission:                                   |
| MATH; MENTAL   | AND PHYSICAL HEALTH; ARTS; DANCE AND YOGA; A   | ND FINANCIAL                              |
| AND MEDIA LI   | TERACY. WHILE WE PROVIDE PROGRAMMING TO ALL G  | IRLS                                      |
| THROUGHOUT N   | W YORK CITY, WE FOCUS OUR RESOURCES ON THE P   | OOREST                                    |
| COMMUNITIES.   | AS AN INDEPENDENT AFFILIATE OF GIRLS INC. NA   | TIONAL                                    |
| ORGANIZATION   | , OUR COMMITMENT IS TO INSPIRE ALL GIRLS TO B  | E STRONG,                                 |
| SMART AND BO   | וֹםי   |   |
|  |  |   |
| Form 990, Pa:  | rt III, Line 4a, Program Service Accomplishme  | nts:                                      |
| TO EDUCATORS   | AND OTHER CBOS AND NONPROFITS.   |   |
|  |  |   |
| Form 990, Pa:  | rt VI, Section B, line 11b:  |   |
| MANAGEMENT A   | ND THE FINANCE AND EXECUTIVE COMMITTEES REVIE  | W THE DRAFT OF THE                        |
| FORM 990. O  | ICE THE DRAFT HAS BEEN APPROVED IT IS THEN CI  | RCULATED TO THE                           |
| ENTIRE BOARD   | BEFORE FILING.   |   |
|  |  |   |
| Form 990, Pa:  | rt VI, Section B, Line 12c:  |   |
| THE CONFLICT   | OF INTEREST POLICY IS BROUGHT BEFORE THE BOA   | RD ON AN ANNUAL                           |
| BASIS AND RE   | /IEWED AT THE ANNUAL BOARD MEETING IN SEPTEMB  | ER SO THAT EVERY                          |
| BOARD MEMBER   | UNDERSTANDS AND IS REMINDED OF THE POLICY.   |   |
|  |  |   |
| Form 990, Par  | rt VI, Section B, Line 15:   |   |
| COMPENSATION   | OF THE EXECUTIVE DIRECTOR IS DETERMINED BY T   | HE EXECUTIVE                              |
| COMMITTEE.   | STAFF COMPENSATION IS DETERMINED BY THE EXECU  | TIVE DIRECTOR AND                         |
| APPROVED IN  | THE ANNUAL BUDGET BY LINE ITEM BY THE BOARD.   | ANALYSIS IS BASED                         |

ON DATA ON SIMILAR ORGANIZATIONS.

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Name of the organization

GIRLS INCORPORATED OF NEW YORK CITY

Form 990, Part VI, Section C, Line 18:

DOCUMENTS ARE POSTED TO BOTH THE ORGANIZATION'S WEB SITE AND OTHER WEB

SITES.

Form 990, Part VI, Section C, Line 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

232212 10-28-22

Schedule O (Form 990) 2022 41 2022.05040 GIRLS INCORPORATED OF NEW Y 1018G\_1

| SCH | IEDULE R |
|-----|----------|
|     |          |

#### (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

13-4028433

Nome of the exception

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

Name of the organization

#### GIRLS INCORPORATED OF NEW YORK CITY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>rolled<br>itty? |
|--|--------------------------------|---|-------------------------------|---|--|------|--|
|  |                                |   |                               | 501(c)(3))                                  |  | Yes  | No   |
| GIRLS INCORPORATED - 13-1915124                          |                                |   |                               |   |  |      |  |
| 120 WALL STREET  |                                |   |                               |   |  |      |  |
| NEW YORK, NY 10005                                       | GIRLS ADVOCACY AND SUPPORT     | Massachusetts                                       | 501(c)(3)                     | Line 7                                      |  |      | X  |
|  |                                |   |                               |   |  |      |  |
|  |                                |   |                               |   |  |      |  |
|  |                                |   |                               |   |  |      |  |

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

Schedule R (Form 990) 2022

#### Schedule R (Form 990) 2022 GIRLS INCORPORATED OF NEW YORK CITY

13-4028433 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)   | (b)                       | (c)                                       | (d)                          |   | (e)  |              | (f)                          |                        | (g)                       | (I                | ר)                  | (i)                                     |                 | (j)                  | (k)   |
|---|---------------------------|---|------------------------------|---|--|--------------|------------------------------|------------------------|---------------------------|-------------------|---------------------|---|-----------------|----------------------|---|
| Name, address, and EIN of related organization      | Primary activity          | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predomin<br>(related,<br>excluded fr          | nant income<br>, unrelated,<br>rom tax under<br>s 512-514) | Share<br>inc | e of total<br>come           | end-                   | are of<br>of-year<br>sets | Disprop<br>alloca | ortionate<br>tions? | Code V-UB<br>amount in b<br>20 of Sched | ox <sup>m</sup> | nanaging<br>partner? |   |
|   |                           | country)                                  |                              | sections                                      | s 512-514)   |              |                              |                        |                           | Yes               | No                  | K-1 (Form 10                            | )65) <b>Y</b>   | ′es No               |   |
|   | -                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   | -                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   |                           |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   | -                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   | -                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   |                           |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   | _                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   | -                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   | -                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   |                           |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   |                           |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   |                           |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
|   | -                         |   |                              |   |  |              |                              |                        |                           |                   |                     |   |                 |                      |   |
| IV Identification of Related O                      | rganizations Taxable a    | as a Corpo                                | pration or Trust. C          | omplete if t                                  | he organizat   | ion ansv     | wered "Yes                   | s" on Fo               | rm 990, P                 | art IV,           | line 34             | I, because it I                         | nad on          | ne or m              | ore relate  |
| organizations treated as a c                        | rganizations Taxable a    | as a Corpo                                | year.                        |   | -  |              |                              |                        |                           |                   | line 34             |   |                 |                      | •   |
| organizations treated as a c                        | orporation or trust durin | ng the tax y                              | year.<br>(b)                 | (c)   | (d)  |              | (e)                          | )                      | (f)                       | )                 |                     | (g)                                     | (               | h)                   | •   |
| organizations treated as a c                        | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or            | -  | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, |                           | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     |                      | (i)<br>Section<br>512(b)(13<br>controlle            |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile                         | (d)<br>Direct cont   | trolling     | (e)<br>Type of               | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | <b>(g)</b><br>Share of                  | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13                         |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |
| organizations treated as a c (a) Name, address, and | EIN                       | ng the tax y                              | year.<br>(b)                 | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct cont   | trolling     | (e)<br>Type of<br>(C corp. 5 | )<br>entity<br>S corp, | (f)<br>Share c            | )<br>of total     |                     | (g)<br>Share of<br>end-of-year          | (I<br>Perce     | h)<br>entage         | (i)<br>Section<br>512(b)(13<br>controlle<br>entity? |

#### Schedule R (Form 990) 2022 GIRLS INCORPORATED OF NEW YORK CITY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. |  |    |   |   |  |  |
|---|--|----|---|---|--|--|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |    |   |   |  |  |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a |   | Х |  |  |
|   | Gift, grant, or capital contribution to related organization(s)  | 1b |   | X |  |  |
|   | Gift, grant, or capital contribution from related organization(s)  | 1c | X |   |  |  |
|   | Loans or loan guarantees to or for related organization(s)   | 1d |   | X |  |  |
|   | Loans or loan guarantees by related organization(s)  | 1e |   | X |  |  |
|   |  |    |   |   |  |  |
| f   | Dividends from related organization(s)   | 1f |   | X |  |  |
| g   | Sale of assets to related organization(s)  | 1g |   | X |  |  |
|   | Purchase of assets from related organization(s)  | 1h |   | X |  |  |
| i   | Exchange of assets with related organization(s)  | 1i |   | Х |  |  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)   | 1j |   | X |  |  |
|   |  |    |   |   |  |  |
| k   | Lease of facilities, equipment, or other assets from related organization(s)   | 1k |   | X |  |  |
| - 1   | Performance of services or membership or fundraising solicitations for related organization(s)   | 11 |   | Х |  |  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)  | 1m |   | X |  |  |
|   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n |   | Х |  |  |
|   | Sharing of paid employees with related organization(s)   | 10 |   | Х |  |  |
|   |  |    |   |   |  |  |
| р   | Reimbursement paid to related organization(s) for expenses   | 1p |   | X |  |  |
|   | Reimbursement paid by related organization(s) for expenses   | 1q |   | Х |  |  |
|   |  |    |   |   |  |  |
| r   | Other transfer of cash or property to related organization(s)  | 1r |   | Х |  |  |
| s   | Other transfer of cash or property from related organization(s)  | 1s |   | X |  |  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |    |   |   |  |  |

| (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) GIRLS INCORPORATED              | С                                       | 148,795.                      |  |
| (2)                                 |   |                               |  |
| (3)                                 |   |                               |  |
| _(4)                                |   |                               |  |
|                                     |   |                               |  |
| _(6)                                |   |                               |  |

#### Schedule R (Form 990) 2022 GIRLS INCORPORATED OF NEW YORK CITY

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | (c) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are a<br>partners<br>501(c)<br>orgs.<br>Yes I | )<br>   <br> (3)<br>.?<br><b>No</b> | <b>(f)</b><br>Share of<br>total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (H<br>Dispr<br>tior<br>alloca<br><b>Yes</b> | n)<br>opor-<br>nate<br>tions?<br>No | (j)<br>General o<br>managing<br>partner?<br>Yes NO | (k)<br>Percentage<br>ownership |
|--|--------------------------------|-----|---|--|-------------------------------------|---|---|---|-------------------------------------|--|--------------------------------|
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |
|  |                                |     |   |  |                                     |   |   |   |                                     |  |                                |

Schedule R (Form 990) 2022

| Schedule R (Form 990) 2022 |
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| Part VII | Supplemental | Information |
|----------|--------------|-------------|

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22