Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

SCANNED FEB 27 2019

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

to www.irs.gov/Form990EZ for instructions and the latest information

IIILEI	iai Keveri	ue Service									
			year, or tax year beginnin	g		, and e	nding	_			
В	Check if a	applicable	C Name of organization					D Empl	loyer iden	tification number	
	Address	change	For the Girls,	Inc.				81-	2163	243	
\Box	Name ch	-	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele								
\Box	Initial retu	urn	514 Hillsboro	Drive				(3	301)717-7177		
靣	Final retu	ırn/terminated	City or town, state or province, o		ıl code			F Grou	ıp Exemp	otion	
靣	Amended	d return					- 4	Nun	nber		
靣	Application	on pending	Silver Spr <u>ing,</u>	MD 20902			03				
G /	Account	ing Method	Cash X Accrual	Other (specify)			Н	Check	▶ 🔲 ıf ti	he organization is not	
1.1	Vebsite	:▶ <u>http</u>	://isupportthe	girls.org/				required	l to attach	Schedule B	
<u>J</u> 1	ax-exe	mpt status (cl	eck only one) - 🗶 501(c)(3)	501(c) () ◀ (insert	no) 1947(a	a)(1) or	527	(Form 9	90, 990-E	EZ, or 990-PF)	
ΚI	orm of	organızatıon	X Corporation Tr	ust Association	on 🗌 O	ther					
L	Add line:	s 5b, 6c, and 7	b to line 9 to determine gross	receipts. If gross receipts ar	e \$200,000 o	r more,	or if total ass	ets			
(Pa	rt II, colu	umn (B) below	are \$500,000 or more, file Fo	orm 990 instead of Form 990	-EZ				▶ \$	<u> 158,822.</u>	
Р	art I	Revenue	Expenses, and Change	es in Net Assets or Fu	nd Balance	s (see	the instruc	ctions fo	r Part I)		
_		Check if th	organization used Schedule	O to respond to any question	n in this Part I				, , , , , , , , , , , , , , , , , , , ,		
	1	Contributions	, gifts, grants, and similar amo	ounts received					1	<u>158,822.</u>	
	2	Program sen	ce revenue including governr	ment fees and contracts					2	<u> </u>	
	3	Membership	dues and assessments		•				3		
	4	Investment in	come						4		
	5 a	Gross amour	t from sale of assets other tha	an inventory		5a					
	b	Less cost or	other basis and sales expens	es .		5b					
	c	Gain or (loss	from sale of assets other tha	an inventory (Subtract line 5b	from line 5a)				5c		
	6	Gaming and	undraising events								
4.	a	Gross incom	from gaming (attach Schedu	ule G if greater than	,						
une		\$15,000)	•			6a					
Revenue	b	Gross incom	from fundraising events (not	t including \$	17	of	contributions	i			
ď		from fundrais	ng events reported on line 1)	(attach Schedule G if the	ı						
		sum of such	gross income and contribution	ns exceeds \$15,000)		6b					
	С	Less direct e	xpenses from gaming and fur	ndraising events		6c		<u> </u>			
	d	Net income of	(loss) from gaming and fund	draising events (add lines 6a	and 6b and su	ubtract					
		line 6c)			1				6d		
	7 a	Gross sales	f inventory, less returns and a	allowances		7a					
	b	Less cost of	goods sold			7b					
	C	Gross profit	r (loss) from sales of inventor	ry (Subtract line 7b from line	7a)				7c		
	8	Other revenu	e (describe in Schedule O)						8		
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6	d, 7c, and 8				<u> </u>	9	<u>158,822.</u>	
	10	Grants and s	milar amounts paid (list in Sci	hedule O)					10		
	11	Benefits paid	to or for members		,	350	F1) /==		11		
ŝ	12	Salaries, other	r compensation, and employe	ee benefits		イE し	EIVED		12		
ens	13	Professional	ees and other payments to in	dependent contractors	<u>@</u>			기었	13	3,500.	
Expenses	14	Occupancy,	ent, utilities, and maintenance	e	C118	NOV	2 0 2018	RS-OSC	14	602.	
ш	15	Printing, pub	cations, postage, and shippin	ng	191			181	15	4,807.	
	16	Other expens	es (describe in Schedule O)			CD	TAL LIT	ーニー	16	30,701.	
	17		es. Add lines 10 through 10		<u> </u>	ועטי	EN, UT		17	39,610.	
s	18	Excess or (de	ficit) for the year (Subtract lin	ie 17 from line 9)			· 		18	119,212.	
sse	19	Net assets o	fund balances at beginning	of year (from line 27, columi	n (A)) (must a	agree w	ıth				
Net Assets		end-of-year f	gure reported on prior year's r	return)					19	12,543.	
S	20	Other change	s in net assets or fund baland	ces (explain in Schedule O)					20		
_	21	Net assets or	fund balances at end of year	Combine lines 18 through 2	0			<u> </u>	21	131,755.	
_	_									- 000 E7 (0017)	

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Pa	rt Balance Sheets (see the instructions					r-1
	Check if the organization used Schedu	ile O to respond to	any question in			<u> </u>
22				(A) Beginning of year	_	(B) End of year
22	Cash, savings, and investments			12,543		131,437.
23	Land and buildings			0	. 23	0.
24	Other assets (describe in Schedule O)	•		0	. 24	312.
25	Total assets	• •		12,543	. 25	131,749.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27	Net assets or fund balances (line 27 of column (B) m			12,543	. 27	131,749.
Pa	Statement of Program Service Acco	•				r
14/1	Check if the organization used Schedu				(Red	Expenses quired for section
	is the organization's primary exempt purpose? To reste				501(c)(3) and 501(c)(4)
	ribe the organization's program service accomplis				orga	nizations, optional for
	easured by expenses. In a clear and concise man		vices provided, the	e number of	Outle	5)
	ons benefited, and other relevant information for e		 			
28	Through our network, we donated 1					
	hygiene products to over 350 vett					
	added 28 new Affiliate Directors	in the U.S., a	and 5 new Aff	<u>iliate</u>	1	1
	(Grants \$) If this amount in	cludes foreign grants, cl	neck here		28a	39,616.
29						
				<u>.</u>		
				<u>-</u>		
	(Grants \$) If this amount in	cludes foreign grants, cl	neck here	▶□	29a	
30						
	(Grants \$) If this amount in	cludes foreign grants, cl	neck here	▶□	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount in	cludes foreign grants, ch	neck here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a through	n 31a)		<u> </u>	32	<u>39,616.</u>
Pai	t IV List of Officers, Directors, Trustees, and				the inst	tructions for Part IV
	Check if the organization used Schedu	le O to respond to		his Part IV		
		(b) Average	(c) Reportable compensation	(d) Health benefits		
	(a) Name and title	hours per week	(Forms W-2/1099-MISC	contributions to emplo benefit plans, and		Estimated amount of the compensation
		devoted to position	(if not paid, enter -0-)	deferred compensati		
Dar	a Marlowe			1	-	
Pre	esident	30.00				
Pre	ston Blay					
Tru	stee					
Alc	on Cohen					
Sec	retary	02.00				
El i	nor Litwack					
Tre	easurer	02.00				
Jer	nifer Weiss-Wolf					
Vic	e President					
		1				
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	 	<u> </u>		 		
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	<u></u>	1	}	1	1	

Part	Other Information (Note the Schedule A and personal benefit contract statement re	equirements in the			<u>-</u>
	instructions for Part V) Check if the organization used Schedule O to respond to an		t V		
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide	e a			
	detailed description of each activity in Schedule O	•	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conform				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	е	34		v
25-	change on Schedule O (see instructions)		34	\vdash	<u> </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from business gross income of \$1,000 or more during the year from \$1,000 or more	255	35a		x
h	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation	ın Schedule O	35b	┼─┤	
b b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)		555	├─┤	
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	nonee,	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			\vdash	
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a		37a			
b	Did the organization file Form 1120-POL for this year?	<u> </u>	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or	were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations Enter.		İ		
а	Initiation fees and capital contributions included on line 9	39a]		
b	Gross receipts, included on line 9, for public use of club facilities .	39b	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		406		v
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part		40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912,	•			İ
d	4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	***			
d	40c reimbursed by the organization	•			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			1	
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed				
42a	The organization's books are in care of Elinor Litwack	elephone no > (202) 41	3-6	700
	Located at ▶ 4550 Mongtomery Ave Ste. Suite 650N Bethesda, MD	ZIP + 4 2081	. 4		
b	At any time during the calendar year, did the organization have an interest in or a signature or other author	rity over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac-	count)?	42b	ļ	X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank	and			
	Financial Accounts (FBAR)		40:		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	•	42c		X
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here .	▶ 43			
	and enter the amount of tax-exempt interest received or accrued during the tax year .	. 43		Yes	No
44.5	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			163	140
44 a	completed instead of Form 990-EZ		44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		1		••
b	completed instead of Form 990-EZ		44b		X
С	Did the organization receive any payments for indoor tanning services during the year?		44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide all	n		 	
u	explanation in Schedule O		44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within	the			
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ (see instructions)		45b		
UYA		For	m 99 0	-EZ	(2017

	U-EZ (2	on For the Girls, in	<u>c</u>	 		81-	216324	<u>3</u> +	age 4
46	Did th	e organization engage, directly or indirectly	in political campaign ac	tivities on behalf of or in	onnosition		<u> </u>	Yes	No
		didates for public office? If "Yes," complete	· -	armos on sonan or or m	орроотист		46		X
Part \		Section 501(c)(3) organizations						·	
		All section 501(c)(3) organizations n	nust answer question	is 47-49b and 52, ar	nd complet	e the tables f	for lines		
		50 and 51.							
		Check if the organization used Sche	dule O to respond to	any question in this	Part VI	<u> </u>			
								Yes	No
47		e organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax		ł		l
	•	If "Yes," complete Schedule C, Part II					47		X
48		organization a school as described in secti			Æ		48		X
49a		e organization make any transfers to an exe		ed organization?	•		49a		X
		s," was the related organization a section 52	-			•	49b		<u></u>
50		lete this table for the organization's five high	•				У		
	emplo	yees) who each received more than \$100,0	00 of compensation from	the organization if their					
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit pla	alth benefits, ons to employee ns, and deferred pensation	(e) Estimate other com		
	·								
					 				
	,								
					1	1			
					<u> </u>				
f Total number of other employees paid over \$100,000 ▶ 0									
51	Comp	lete this table for the organization's five high	nest compensated indepe	endent contractors who	each receive	- ed more than			
	\$100,0	000 of compensation from the organization	If there is none, enter "I	None "					
	(a)	Name and business address of each independent	ent contractor	(b) Type of se	rvice	(c)) Compensatio	n	
					-				
							<u> </u>		
									
d	Total r	number of other independent contractors ea	ach receiving over \$100,0	000	▶ 0				
52	Did th	e organization complete Schedule A? No	te All section 501(c)(3)	organizations must atta	ich a			_	
		eted Schedule A		<u> </u>			▶ X Yes		No
		of perjury, I declare that I have examined this red complete Declaration of preparer (other than					wledge and be	lief, it is	s
		1 / Let				11/15/18			
Sign		Signature of officer				Date			
Here		Elinor Litwack Tre	easurer						
		Type or print name and title	-						
Paid		Print/Type preparer's name	Preparer's signature		ate	Check	If PTIN		
Prepa	rer		<u> </u>		· 1.	self-emplo	yea		
Use O		Firm's name ▶				irm's EIN ▶			
		Firm's address ▶			[]	Phone no			
May the	IRS di	scuss this return with the preparer shown a	above? See instructions				▶ Yes		No
UYA					-		Form 99	0-EZ	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2017
Open to Public
Inspection

		organization					O1 01 62042		r
		ne Girls, Inc.	#:4+ C4=4+= /ΛΙΙ		t oomste	to this n	81-2163243		
Pari	_	Reason for Public Cha						ns.	-
1 T		·		,		-	•	1	
2		A church, convention of church A school described in section						l	
3	=	A hospital or a cooperative ho		•	•		• •		
4	=	A medical research organization						Viii) F	nter the
	_	ospital's name, city, and state	•	onjunouon with a noo	pilai dool	mboa m		,, <i>,</i> . –	11101 1110
5 T		An organization operated for the		ollege or university ov	vned or o	perated b	ov a governmental u	nıt des	cribed in
_		ection 170(b)(1)(A)(iv). (Cor		,		•	,		
6 ┌		A federal, state, or local gover		mental unit described	d in secti	on 170(t)(1)(A)(v).		
7	_	An organization that normally	_			-		he gen	eral public
	d	lescribed in section 170(b)(1)(A)(vi). (Compl	lete Part II)					
8 [_ A	community trust described in	n section 170(b))(1)(A)(vi). (Complete	e Part II.)				
9 [An agricultural research organ				-	•	_	_
		r university or a non-land-gra	nt college of agr	iculture (see instruction	ons) Ent	er the na	me, city, and state o	of the c	ollege or
40 [iniversity							
10 L	J A	An organization that normally eccents from activities related	receives (1) mo to its exempt fui	re than 33 1/3% of its actions—subject to cei	support	from con	tributions, members nd (2) no more than	hip fee	s, and gross
	s	eceipts from activities related upport from gross investment	income and uni	related business taxa	ble incom	ne (less s	ection 511 tax) from	busine	esses
11 [icquired by the organization a An organization organized and							
12	=	An organization organized and		•	-			out th	e nurnoses o
	_	ne or more publicly supported	•	•					
		he box in lines 12a through 12	-						
а	П	Type I. A supporting organiz		• • • • • • • • • • • • • • • • • • • •			•		-
	_	the supported organization(s							
		organization You must con	nplete Part IV, S	Sections A and B.					
b		Type II. A supporting organization							
		control or management of th			ie same p	ersons t	hat control or manaç	ge the s	supported
		organization(s). You must co	-						
C		Type III functionally integra						ly integ	rated with,
		its supported organization(s)	•	•					
d	Ш	Type III non-functionally in	•		-			_	
		that is not functionally integrated requirement (see instructions						an au	enuveness
е		Check this box if the organizations	•	•				II Typ	ااا م
c	Ш	functionally integrated, or Ty						ii, iyp	5 111
f	En	ter the number of supported of		onany integrated cupp	, or uning or	garnzano			
g		ovide the following information		orted organization(s)					L
	(ı) Na	ame of supported organization	(II) EIN	(III) Type of organization	(iv) is the c	organization	(v) Amount of monetary	(vi)	Amount of
				(described on lines 1-10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)		support (see structions)
				above (see mandenoms))			madadaona)		aractions)
					Yes	No			
(A)									
(B)					}				
	-								
(C) ———									
(D)									
. , 				<u> </u>	 				·
(E)									
						مستور			

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not		i		İ		
	include any "unusual grants.")				28,755.	158 <u>,8</u> 22.	187,577.
2	Tax revenues levied for the						
	organization's benefit and either paid		1]	ļ	ļ	ļ
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		i		İ	ľ	İ
4	Total. Add lines 1 through 3				28,755.	158,822.	187,577.
5	The portion of total contributions by						
	each person (other than a				1		1
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				L	<u></u>	
6	Public support. Subtract line 5 from line 4				<u> </u>		<u> 187,577.</u>
	on B. Total Support		·		, ~	· · · · · · · · · · · · · · · · · · ·	,
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	NC			28,755.	<u>158,822.</u>	187,577.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources .				ļ		
9	Net income from unrelated business						
	activities, whether or not the business		}		}		l
	is 'regularly carried on .		<u></u>				
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						107 577
11	Total support. Add lines 7 through 10	/	<u></u>	L			187,577.
12	Gross receipts from related activities, etc	•		مالحسينية المستملة	6.645 4	12	F01(a)(2)
13	First five years. If the Form 990 is for the	~	's first, second	, thira, fourth,	or fifth tax yea	r as a section	· · · · ·
Saati	organization, check this box and stop her			<u> </u>			▶ X
<u> 14</u>	on C. Computation of Public Suppo Public support percentage for 2017 (line 6			11 column (f)	\	14	
15	Public support percentage from 2016 Sch			r r, column (r),		15	//
16a	33 ¹ / ₃ % support test–2017. If the organi			on line 13, an	Id line 14 is 33		
IVa	box and stop here. The organization qua				14 11116 1 1 10 00	7,5 70 01 111010	, oneon tine
b	33 1/3 % support test-2016. If the organi	•		_	Sa and line 15	is 33 1/3 % or	more
	check this box and stop here . The organi					10 00 70 70 01	<i></i>
17a	10%-facts-and-circumstances test–201	•				or 16b, and b	ine 14 is
174	10% or more, and if the organization me						
	Part VI how the organization meets the "fa						
	organization	2010 0110 01100			, 400,	p	▶ □
b	10%-facts-and-circumstances test–201	6 If the organ	nization did no	ticheck a box	on line 13 16a	. 16b or 17a	and line
J	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	supported organization					. 4	>
18	Private foundation. If the organization di	d not check a	box on line 13	. 16a. 16b. 17	a, or 17b, cher	ck this box and	d see
	instructions	a not oncon a	23/. 0 10	,,,	_, 0,, 0,100	uno son une	▶ □

Schedule A (Form 990 or 990-EZ) 2017 For the Girls, Inc. 81-2163243 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (b) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here, Section C. Computation of Public Support/Percentage 15 Public support percentage for 2017 (line \$, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2016/Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) % 17 17 Investment income percentage from/2016 Schedule A, Part III, line 17 18 19a 33 1/3 % support test-2017. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 33 1/3 % support test-2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and

line 18 is not more than 331/3%, wheck this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

ecu	on A. All Supporting Organizations		_	
_	A collection and the second of	<u>_</u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
2	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)	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ju	(b) and (c) below		—	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		l
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			;
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	.]		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN	.		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b 5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	-3C		
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, (ii) individuals that are part of the chantable class			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
-	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	,		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	40:		لـــــا
	determine whether the organization had excess business holdings)	10b		

Part	V Supporting Organizations (continued)		-10	ogo e
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a	ļ	ļ
b c	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI .	11b	 	-
	on B. Type I Supporting Organizations	1110	Щ	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		,	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			•
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1 '
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			!
C4!	supervised, or controlled the supporting organization.	2	<u> </u>	L
<u>Section</u>	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	
•	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	on D. All Type III Supporting Organizations			A1 -
1	Did the arganization provide to each of its supported arganizations, by the last day of the fifth month of the		Yes	No
l	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		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstrud	ctions	s).
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	. /000	ın a t r. ı	o tion o
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity.	(566)	Iristru	cuons
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l .'		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			٠. ١
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	-		
L	•	3a	 	
р	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying		· · · · · · · · · · · · · · · · · · ·	
See instructions. All other Type III non-functionally integrated supporting of	rgar	izations must complete :	Sections A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		15.70
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		•	1
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)	ļ ,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	•	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		-	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly int	egrated Type III support	ing organization (see

Sect	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	 		
4	Amounts paid to acquire exempt-use assets			 		
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions	· · · · · · · · · · · · · · · · · · ·				
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	ponsive			
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6		 .			
_ 	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instr					
_3	Excess distributions carryover, if any, to 2017					
_ <u>a</u>			,			
b	From 2013					
<u>c</u>	From 2014					
_ <u>d</u>	From 2015					
_ <u>e</u>				·		
<u>f</u> _	Total of lines 3a through e					
_ <u>g</u>	Applied to underdistributions of prior years Applied to 2017 distributable amount					
_ <u>h</u> i	Carryover from 2012 not applied (see instructions)					
~ 	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2017 from Section D, line 7					
а	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
с	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions					
7	Excess distributions carryover to 2018. Add lines 3j and 4c					
8	Breakdown of line 7					
а	Excess from 2013					
b	Excess from 2014 .			·		
С	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017					

Schedule A (Fo	Supplemental Information Part III, line 12; Part IV, Sines 1 and 2, Part IV, Sines 3a, and 3b, Part V, line	ation. Provide the e , Section A, lines 1, Section C, line 1, Par 1, Part V, Section B	explanations require 2, 3b, 3c, 4b, 4c, 5 rt IV, Section D, line s, line 1e; Part V, S	a, 6, 9a, 9b, 9c, 11a es 2 and 3; Part IV, ection D, lines 5, 6,	Part II, line 17a or 1 i, 11b, and 11c, Part Section E, lines 1c, 2 and 8, and Part V, Se	IV, Section B, a, 2b,
	lines 2, 5, and 6. Also c	omplete this part for	any additional init	ormation (See Instru	ictions)	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization Employer identification number For the Girls, Inc. 81-2163243 Part III Line 28 directors internationally. Additionally, ISTG was a leading responder to several large natural disasters, including Hurricanes Maria and Irma, the the earthquake in Mexico, and fires in California, Oregon, and Montana, ensuring that evacuees had what they needed to stay comfortable.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
For the Girls, Inc.	81-2163243
Part I Line 16	
Advertising and promotion \$1654.00	
Part I Line 16	
Other office expenses \$2680.00	
Part I Line 16	
Travel \$6828.00 Part I Line 16	
Consultants \$16722.00	
Part I Line 16	
Volunteer Recognition \$2817.00	
Part II Line 24	
Accounts receivable, net. Beginning: \$0.00 Ending:	\$312.00
	
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UYA	Schedule O (Form 990 or 990-EZ) (2017)