9

Form **990-EZ** 

Department of the Treasury

Internal Revenue Service

# 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)

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

OMB No. 1545-1150 2018

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

Open to Public Inspection

For the 2018 calendar year, or tax year beginning , 2018, and ending 20 C Name of organization B Check if applicable D Employer identification number Address change Ear the Girls, Inc. 81-2163243 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 514 Hillsboro Drive (301) 717-7177 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Silver Spring, MD 20902 Application pending ☐ Cash Accrual Other (specify) ▶ G Accounting Method: H Check ► ☐ if the organization is not I Website: ▶ isupportthegirls org required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) (Form 990, 990-EZ, or 990-PF). 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or **∏527** K Form of organization: Corporation ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments . . . . . 4 4 Investment income . . . . . . . 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . . . . . . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5с SCANNED JARGUGIUGE 2020 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than | 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . . . . . . 6d 7a Gross sales of inventory, less returns and allowances . 7a Less: cost of goods sold . . . . . . . . . Gross profit or (loss) from sales of inventory (Subtract line To from 7c 8 8 Other revenue (describe in Schedule O) . . . . Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 158,994 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members . . . . . . 11 12 Salaries, other compensation, and employee benefits 12 Expenses 14,499 13 Professional fees and other payments to independent contractors 13 44,690 14 Occupancy, rent, utilities, and maintenance . 14 5,346 15 Printing, publications, postage, and shipping . 15 13,019 16 Other expenses (describe in Schedule O) . . . 16 37,662 Total expenses. Add lines 10 through 16 . 17 115,216 18 43,778

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Other changes in net assets or fund balances (explain in Schedule O) . . . . . . Net assets or fund balances at end of year. Combine lines 18 through 20 . . .

For Paperwork Reduction Act Notice, see the separate instructions.

Net Assets

19

20

Cat No. 106421

Form **990-EZ** (2018)

131,755

175,533

19

20

	990-EZ (2018)						Page 2
Pa		Sheets (see the instructions	•		<b>5</b>		_
	, Check it	the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	<del></del>	(B) End of year
22	Cook sovings	and investments		}	<del></del>	<del>-</del> -	
23	· -	and investments		}	131,437	23	181,123
24		lescribe in Schedule O)			318		
25	•	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	131,755		317
26		(describe in Schedule O)			131,733	26	181,440 5,907
27		fund balances (line 27 of column	(B) must agree wit	h line 21)	131,755		175,533
Par		nt of Program Service Accom			Part ((()		77,5,500
		the organization used Schedule	•		,		Expenses
What		on's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
as m	easured by expe	tion's program service accompliances. In a clear and concise medicated to their relevant information for eact	anner, describe the				nizations, optional for
28	In 2018, I Support	the Girls (ISTG) facilitated donation	ns of over 208,000 br	as, 4,500 pairs of unc	lerwear, and		
		al hygiene products. ISTG expande	••				
		onent we had been providing withou					
	(Grants \$	) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	28a	115,216
29					••••••		Į
	(Cropto ¢	\ If this amount	includes foreign gra	nto chook horo	······································	20-	
30	(Grants \$	) it this amount	includes foreign gra	ints, check here .		29a	
50					•••••		
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	<b>&gt;</b> 🗆	30a	
31	Other program se	ervices (describe in Schedule O)					
	(Grants \$		includes foreign gra			31a	
32		ervice expenses (add lines 28a t				32	
Par		icers, Directors, Trustees, and Key				nstruc	tions for Part IV)
	Check if t	the organization used Schedule	O to respond to a	<del></del>		<u> </u>	<u> </u>
	(a	) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	01	Estimated amount of their compensation
Dana	Marlowe			<del></del>		1	
Presi			30				
	on Blay						
Trust			2			L.	
Alon	Cohen						
Secre	etary		2			<u> </u>	
Elinoi	r Litwack				1	1	
Treas	urer		2				
	fer Weiss-Wolf						
Vice I	President		2			-	
						+	<del></del>
						+-	
					l		



Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Parl	V .	. 🗆
20	Did the appropriate appropriate which and appropriate the IDOO IS (6)/- 2 approid		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>1</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			لــــا
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لبِ
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓.,
	If "Yes," complete Schedule L, Part II and enter the total amount involved	┨		
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► ; section 4912 ► ; section 4955 ►  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			$\overline{}$
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 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 transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed ▶			
42a		212-61		3
L	Located at ► 4550 Montgomery Avenue, 8th Floor Bethesda MD ZIP + 4 ►	208		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	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			ļ
	Financial Accounts (FBAR).			لِـــ
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u>√</u> _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. <b>)</b> ——	<b>▶</b> □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		$\overline{\checkmark}$
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		]	آ
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓_
	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		✓

Page	4

								Te	SNO
46 ,		he organization engage, directly or in Indidates for public office? If "Yes," o					<u> </u>		
Dort \		Section 501(c)(3) Organization		, Parti	<del>· · ·</del>	· · · · · ·	· 46	3	✓
Part \	_	All section 501(c)(3) organization		stions 47–49h and	d 52 and	I complete th	e tables	: for li	noc
		50 and 51.	o masi answer que	3000 47 43B GH	u 02, unc	2 complete th	Ctables	, 101 11	1163
		Check if the organization used Sci	hedule O to respond	I to any question in	this Part	VI			. П
								Ye	s No
		he organization engage in lobbying		section 501(h) elect	tion in effe	ect during the	tax		
	•	? If "Yes," complete Schedule C, Par			• • •	<i>.</i>	the tables for lines  Tyes No  The tax AT A AT A		
		e organization a school as described in					te the tables for lines  te the tables for lines  Yes No  the tax  47  48  49a  49b  irectors, trustees, and key none, enter "None."  s, oyee erred other compensation  (c) Compensation   Ottach a  Ottach a		
		he organization make any transfers t	•						_ ✓
		es," was the related organization a se							
		piete this table for the organization s oyees) who each received more thar							
	- Cittipi	by each vine sach received there that		Τ΄		ealth benefits.	0, 011101		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	bonofit n	tions to employee lans, and deferred			
			devoted to position	(Forms W-2/1099-MISC		mpensation	Other CC	лиренз	alion
					<del> </del>				
	·								
							<u> </u>		
					}				
	·						ı		
f	Total	number of other employees paid over	er \$100.000	. • 0					
		plete this table for the organization'		ensated independer	nt contrac	_ tors who each	receive	d mor	re than
	\$100	,000 of compensation from the orga	nızation. If there is no	ne, enter "None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)	Compensa	ation	
			<u>.</u>						
	<b></b> -								
		<del></del>	<del></del>	<del></del>	<del></del>	_	<del></del>		
			<del></del>						
				· — · — · — · — · — · — · — · — · — · —					
<b></b>									
				4400.000					
		number of other independent contra			· <b>-</b>				
		the organization complete Schedu pleted Schedule A	ile A? <b>Note:</b> All se	ction 501(c)(3) org	anizations	s must attacr	. —		No
		of perjury, I declare that I have examined this r	eturn including accompany	ung schedules and states	ments and to	the best of my kr			
		d complete Declaration of preparer (other than					owicoge a	id Delle	1, 11 13
		1 Dans				11/15/2	2019		
Sign		Signature of officer				Date			
Here		Dana Marlowe, President						*******	
		Type or print name and title				· · · · · · · · · · · · · · · · · · ·			
Paid		Print/Type preparer's name	Preparer's signature	) [	Date	Check	ıf		
Prepa	rer		<u></u>		······	self-emplo	/ed	******	
Use C	nly	Firm's name				Firm's EIN ▶	**************		
May the	a IRS	firm's address  discuss this return with the preparer	shown above? See II	nstructions	<del></del> _	Phone no.	► □ Ye	<u> </u>	No

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** 

	he Girl					_		63243	
Pai		Reason for Public Cha					<del></del>	ons.	
	-	zation is not a private founda		, -		•	•		1
1		church, convention of church						√ <b>-</b>	L
2		school described in section		,			, ,	ノ	1
3		hospital or a cooperative ho						/:::\	4 4b -
4		medical research organizationspital's name, city, and stat		onjunction with a nos	pital desc	cribea in :	section 1/U(D)(1)(A)	(III). En	iter the
5		o organization operated for		college or university	owned (	or operat	od by a gayamman	tal unit	docoribod in
3		ection 170(b)(1)(A)(iv). (Com		college of drilversity	Owned	or operac	ed by a governmen	lai uiiil	described in
6		federal, state, or local gover		mental unit described	d in secti	on 170/h	V4VA\W\		
7		organization that normally	-			_		n the o	eneral public
•	_	escribed in section 170(b)(1)			роп поп	. u govo.	The second secon	o g	jonora. pabilo
8		community trust described i		•	Part II.)				
9	_	agricultural research organ			-	erated in	conjunction with a	and-or	ant college
	or	university or a non-land-graniversity:							
10	☐ Ar	organization that normally	receives: (1) mor	e than 331/3% of its s	upport fr	om contr	butions, membershi	p fees,	and gross
		ceipts from activities related ipport from gross investmen							
		equired by the organization a							
11		n organization organized and	•	•	-				
12		n organization organized and							
		one or more publicly support							
	_	neck the box in lines 12a thro	_	• • • • • • • • • • • • • • • • • • • •		_	•	-	
а	Ш	Type I. A supporting organ							
		the supported organization supporting organization. Ye				-	ine directors or trust	ees oi	uie
<b>.</b>		• •	-				supported erappizati	(an/a) h	av bavuna
b		Type II. A supporting orga- control or management of							
		organization(s). You must				porconic	alar control of man	ago	опрожа
С	П	Type III functionally integ	-			onnectio	n with, and function	ally inte	egrated with,
	_	its supported organization(						-	
d		Type III non-functionally	i <b>ntegrated.</b> A su	pporting organization	operate	d in conn	ection with its suppo	orted o	rganization(s)
		that is not functionally integ						id an at	ttentiveness
		requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	ctions A	and D, a	nd Part V.		
е		Check this box if the organ						e II, Typ	oe III
		functionally integrated, or 1				organızat	ion.		
f		er the number of supported of	-						
<u> </u>		vide the following information	<del></del>				T		<del></del> _
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see		Amount of support (see
				above (see instructions))		ment?	instructions)		structions)
					Yes	No	1	l	
									<del></del>
(A)					1				
<b></b>			······································						
(B)									
(C)									
(C)						<u> </u>			
(D)	_								
						ļ			
(E)									
									<u> </u>
Total						f	[		

Par	II Support Schedule for Organization	ations Descr	ribed in Sect	tions 170(b)(1	(A)(iv) and 1	70(b)(1)(A)(vi	i)
	Complete only if you checked to				•		alify under
	Part III. If the organization fails to	o qualify unde	er the tests li	sted below, pl	ease comple	te Part III.)	
	ion A. Public Support	<del></del>	T	1 ( 1	<del>- 12 22.2</del> -		
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")			28,755	158,822	158,994	346,571
2	Tax revenues levied for the			20,700	100,022	100,00 .	040,071
_	organization's benefit and either paid to or expended on its behalf		ĺ		·		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			28755	158822	158994	346571
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)						
6	Public support. Subtract line 5 from line 4						346,571
Sect	ion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			28755	158822	158994	346571
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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	Total support. Add lines 7 through 10						346571
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		•		
	on C. Computation of Public Suppor				<del></del>		<u>-</u>
14	Public support percentage for 2018 (line 6		•			14	%
15	Public support percentage from 2017 Sch					15	<u>%</u>
16a	331/3% support test—2018. If the organi box and stop here. The organization qua						
<b>b</b>	331/3% support test—2017. If the organi	•		_			
b	this box and stop here. The organization	qualifies as a p	publicly suppo	rted organization	on		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circi	-and-circumstaumstances" te	ances" test, chest. The organiz	eck this box a ation qualifies	nd <b>stop here.</b> as a publicly	Explain in supported
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the meets the "fact	e "facts-and-d ts-and-circums	circumstances" stances" test. T	test, check to he organization	his box and son qualifies as	top here. a publicly
40	Private foundation If the graphy stion du						_

	ıle A (Form 990 or 990-EZ) 2018						Page
Part							
	(Complete only if you checked t						nder Part II.
	If the organization fails to qualify	under the te	ests listed be	low, please c	omplete Part	II.)	/
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any "unusual grants.")			1			
2	Gross receipts from admissions, merchandise						1
	sold or services performed, or facilities furnished in any activity than is related to the organization's tax-exempt purpose		:				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the	-	<u> </u>			<del>/</del>	<del></del>
·	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1	Y	}	1	l
	persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						<del></del>
	line 6.)		1X				
Secti	on B. Total Support		<del>/ \                                   </del>	L	<u> </u>		l
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> \2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 25 /	(5) 40.0	(0) 20 . 0	(4) 2011	(0, 20.0	(1) 1014
10a	Gross income from interest, dividends.						
100	payments received on secunties loans, rents,			1			
	royalties, and income from similar sources .		\				
<b>h</b>	Unrelated business taxable income (less/	<del>                                     </del>	<del>                                     </del>	<del>\                                    </del>	<del> </del>		
Đ	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_		<del></del>		<del>  \                                   </del>			
C	Add lines 10a and 10b		ļ	<del></del>			<del></del>
11	Net income from unrelated business		İ		1		
	activities not included in line 10b, whether or not the business is regularly carried on		-	\			
	- / .	<u> </u>		<del> </del>	<u> </u>		<u> </u>
12	Other income. Do not include gain or						
	loss from the sale of capital assets		<u> </u>				
	(Explain in Part VI.)				<del>  \</del>		
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		<u> </u>	1 1 - 1	501		- 504(-)(0)
14	First five years. If the Form 990 is for the	-			<b>,</b> .		
	organization, check this box and stop he			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	on C. Computation of Public Suppor			<del></del>			
15	Public support percentage for 2018 (line 8					15	%
16	Public support percentage from 2017 Sch			<u> </u>	<u> </u>	16	
Secti	on/D. Computation of Investment In			<u></u>			
17	investment income percentage for 2018 (	line 10c, colun	nn (f), divided b	by line 13, colu	ımn (f))	17\	%
18 /	Investment income percentage from 2017					18	%
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly suppo	orted organizat	ion . ▶ 厂

331/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check 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.)

Section A	. All S	upporting Org	anizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b In Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI.</b>	9c		
0a	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			

determine whether the organization had excess business holdings.)

10b

11 '				
	•		Yes	No
а	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 .		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			ļ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<u> </u>		<u></u>
	supervised, or controlled the supporting organization.	2		
Secti	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	1 1		
	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		
Secti	on 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	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
		3		
	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 i	nstruc	ctions	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	sce ins 1		
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		ľ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	1	İ	
	that these activities constituted substantially all of its activities.		)	
	•	2a		
p.	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	I		
b	reasons for the organization's nocition that its supported organization(s) would have organized in these		ŀ	
b	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
	activities but for the organization's involvement.	2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	activities but for the organization's involvement.  Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	2b 3a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		<u> </u>
7  Check here if the current year is the organization's first as a non-functionall instructions.	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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 whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			<u> </u>
b	Applied to 2018 distributable amount			 
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014 .			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			i

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

For the Girls, Inc.	81-2163243
Part III Line 28: that received product brought us to over 500 organizations served, with more than 320,000 women, g	urls, and menstruators benefiting
directly from our affiliates' donations. 12 new Affiliate Directors joined the ranks, bringing our mission to a total of 31	states.
	·····
	•••••••••••••••••••••••••••••••••••••••
Part   Line 16:	
Gifts \$618	
Insurance \$1,322	
Marketing \$7,038	
Meetings \$1,490	
Other Fees \$1,701	
Other rees 31,701	
Software \$3,784	
Subscriptions \$400	
Supplies \$5,829	
Jupplies 13,023	
Travel \$13,950	
Website \$1,530	
TOTAL LINE 16: \$37,662	
TO TAL LINE 10. 437,002	······································
Part II Line 24 <sup>.</sup> Other Receivables \$317	
Part II Line 26: Accounts Payable \$4,869; Accrued Expenses \$1,038	
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Schedule O (Form 990 or 990-EZ) (2018)	Page	
Name of the organization For the Girls, Inc:	Employer identification number 81-2163243	
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Schedule O (Form 990 or 990-EZ) (2018)