Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

, 2023, and ending SEP 30 , 20 24 For calendar year 2023, or fiscal year beginning OCT 1

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Department of the Treasury 59-0970201 Internal Revenue Service GIRLS INCORPORATED OF PINELLAS Name of filer DARLA OTEY-MURPHY Name and title of officer or person subject to tax EXECUTIVE DIRECTOR

Ame and title of officer or person subject to tax DARLA OTEY-MURPHY EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return contains the property of the property	Form 8038-CP and
Part I Type of Return and Return Information Type of Return and Return Information Type of Return and Return Information 12. Type of Return and Return Information Type of Return and Return Information	Form 8038-CP and
Part I Type of Return and Return inform 8879-TE and enter the applicable amount, if any, from the recurrence of the box on line 1a, 2a,	
Part I Type of Return and Return Information heck the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, orm 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b are 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b are 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b are 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b are 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b are 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b are 10a below. All the filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b are 10a below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, Do not complete more
r 10a below, and the amount of the enter -0-). But, if you entered -0- on the re-	1b 703,977.
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2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) b Total tax (Form 1120-POL, line 22) b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) b Tax based on investment income (Form 990-PF, Part V, line 5)	5b
4- Earm 990-PF Circum 101	6D
Form 8000 Citoth for an all the form Cities and Control of the city of the cit	/D
6a Form 990-1 Clean No.	8b
7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D)	9b
7a Form 4720 check here b FMV of assets at end of tax year (Form 5227 check here b Tax due (Form 5330, Part II, line 19) b Tax due (Form 8038-CP, Part III, line 22)	10b
on Form 5330 Creck hord	
9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Tax 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Tax Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with real person subject to Tax	espect to (name
Part II Declaration and Signature Authorization of the above entity or I am a person subject to tax with resulting penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with resulting penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with resulting penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with resulting penalties of perjury.	ave examined a copy of the
Under penalties of perjury, I declare that X I am an officer of the above entity of entity 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are 2023 electronic return and accompanying schedules and statements, and they are 2023 electronic return and accompanying schedules and statements, and they are 2023 electronic return and accompanying schedules and statements.	true, correct, and
intermediate service provider, transmitter, or rejection of the transmission, (b) the transmission intermediate an electronic lateral acknowledgement of receipt or reason for rejection of the transmission. (b) the transmission acknowledgement of the federal taxes owed on of any refund. If applicable, I authorize the U.S. Treasury and its designated for payment of the federal taxes owed on of any refund. If applicable, I authorize the U.S. Treasury Financial Age.	this return, and the nt at 1-888-353-4537 no rocessing of the electronic
later than 2 business days prior to the payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes to receive confidential information necessary to answer inquiries and payment of taxes and payment of	
PIN: check one box only to enter	Catar five numbers, but
Y Lauthorize CLIFTONHARDOTT	do not enter an zeros
	of the return is being filed
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program, I also authorize the aforement state of the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program in the IRS Fed/State program is a state of the IRS Fed/State program in the IRS Fed/State program	ntioned ERO to enter my PIN
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with a state agency(ies) regulating charities as part of the interval with a state agency(ies) regularized on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax in the consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax in the consent screen.	lating charities as part of the
As an officer or person subject to tax with respect to the return is being filed with a state agency to a	_
return. If I nave indicates my PIN on the return's disclosure consists	Date
IRS Fed/State program, Twin cities in Murylus	
Signature of officer or person subject to tax //// Authoratication	
Signature of officer or person subject to tax Part III Certification and Authoritication Signature of officer or person subject to tax Part III Certification and Authoritication 59810655902	
59610035	-
WELL & FOLIONIST IN COUNTY OF THE COUNTY OF	above. I confirm that I am
which is my signature on the 2023 electronically filed return indicates	norized IRS e-file Providers for
number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros Number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated in the certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated in the certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated in the certification of the cer	
supmitting this retain w	8/25
Business neturno.	
ERO's signature TINA HENTON	
ERO's signature TINA MELLINE ERO Must Retain This Form - See Instructions ERO Must Retain This Form - See Instructions	0
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do Se	Form 8879-TE (2

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

	Internal Revenue Service Go to www.irs.gov/Form8868 for the latest information.							
Electi	ronic filing (e-file)	You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of th	ne forms		
		Form 8870, Information Return for Transfe			_			
reque	st for Form 8870 n	nust be sent to the IRS in a paper format ((see instruc	ctions). For more details on the elect	ronic filing	of Form		
8868,	visit www.irs.gov/	e-file-providers/e-file-for-charities-and-non-	profits.	·				
Cautio	on: If you are going	to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE	for payment	
	ctions.		•	<u> </u>				
All co	rporations required	I to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs,	, and trusts		
		request an extension of time to file incom-		·				
Part I	- Identification		- COMPARTO SECURIO	V-1-V-1				
Туре	or Name of exe	empt organization, employer, or other filer	, see instru	ictions.	Taxpayer	identification i	number (TIN)	
Print								
		INCORPORATED OF PINEL	LAS			59-097	0201	
File by t due date filing yo	_{e for} Number, str ^{ur} 7700 6	eet, and room or suite no. If a P.O. box, so	ee instruct	ions.	-			
return, S instructi	ons. City, town o	r post office, state, and ZIP code. For a for AS PARK, FL 33781	reign addr	ress, see instructions.				
Enter		or the return that this application is for (file	e a separat	e application for each return)			01	
Applie	cation is For		Return	Application Is For			Return	
			Code				Code	
Form	990 or Form 990-E	Z	01	Form 4720 (other than individual)			09	
Form	4720 (individual)		03	Form 5227			10	
Form	990-PF		04	Form 6069			11	
Form	990-T (sec. 401(a)	or 408(a) trust)	05	Form 8870			12	
Form	990-T (trust other t	than above)	06	Form 5330 (individual)			13	
Form	990-T (corporation)	07	Form 5330 (other than individual)			14	
Form	1041-A		08					
• Afte	r you enter your R	eturn Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable o	nly for an	extension of		
time t	o file Form 5330.							
• If th	is application is for	r an extension of time to file Form 5330, y	ou must e	nter the following information.				
	Plan Name							
	Plan Number							
	Plan Year Ending							
		nsion of Time To File for Exempt Organ		ee instructions)				
The	e books are in the	care of DARLA OTEY-MURPHY			201			
			N - F	PINELLAS PARK, FL 3	33/81			
		7-544-6230		Fax No.			_	
		es not have an office or place of business						
		Return, enter the organization's four-digit (
		part of the group, check this box					_	
		natic 6-month extension of time until			e tne exem	ıpt organizatio	n return for	
		amed above. The extension is for the orga	anization's	return for:				
	X tax year bed	ar 20 or Jinning OCT 1	00	23 and ending	CED 3	0	20.24	
	tax year beg		, 20 -	and ending	DEF 3	<u> </u>	, 20 2 4	
_	If the tax year auto	and in the distance distance do assessed as	h l	District water	□ - 1 t · · ·	_		
2		ered in line 1 is for less than 12 months, co	neck reaso	on: Initial return	Final retur	п		
20		4		Annalis Annalis				
	• •	s for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0.	
		e credits. See instructions. s for Forms 990-PF, 990-T, 4720, or 6069	onter e-	refundable gradita and	3a	\$	0.	
	= =	s for Forms 990-PF, 990-1, 4720, or 6069 ments made. Include any prior year overp			21-	\$	0.	
		otract line 3b from line 3a. Include your pa			3b	ų.	0.	
		tronic Federal Tax Payment System). See	-	, , , ,	3с	\$	0.	
	doning in it o friet	a contract of the contract of	, manucilo	110.	100			

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection and ending SEP 30.

AI	For the	2023 calendar year, or tax year beginning OCT 1, 2023 and ending	SEP 30, 2024	
B	Check if	C Name of organization	D Employer identific	ation number
- 8	pplicabl	3.		
	Addre	GIRLS INCORPORATED OF PINELLAS		
	Name		59-097020)1
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final	7700 619T STREET N	727-544-6	5230
_	returna termin ated		G Gross receipts \$	768,949.
_	Amen		H(a) Is this a group re	
	return Application		for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates inc	NO.00000
7	Tay.ev			list. See instructions
_	Websit		H(c) Group exemption	
			ear of formation: 1961 M	
	art I	Summary	car of formation, 23 02 1	Otate of logar dofficing, = =
		Briefly describe the organization's mission or most significant activities: GIRLS INC	DELIVERS LIE	E-CHANGING
e	l '	PROGRAMS THAT INSPIRE GIRLS TO BE STRONG, SMA		2 01211101110
Пa	2	Check this box if the organization discontinued its operations or disposed of m		ate
Jerr	2		L	16
<u> </u>	3	Number of voting members of the governing body (Part VI, line 1a)		16
ಇಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)		14
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	announcement of the contract o	100
Activities & Governance	6	Total number of volunteers (estimate if necessary)	Б	0.
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
e	١.	O	649,472.	665,143.
	8	Contributions and grants (Part VIII, line 1h)	48,411.	47,931.
Revenue	9	Program service revenue (Part VIII, line 2g)	996.	6,469.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-35,634.	-15,566.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	663,245.	703,977.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	003,243.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	371,469.	434,627.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	371,409.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
×	- b	Total fundraising expenses (Part IX, column (D), line 25) 96,354.	240 602	283,805.
ш.	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,693.	
	100000000000000000000000000000000000000	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	612,162.	718,432.
_		Revenue less expenses. Subtract line 18 from line 12	51,083.	-14,455.
SOF	ŧ.		Beginning of Current Year	End of Year
Asset	20	Total assets (Part X, line 16)	984,067.	1,022,783.
Net A	1 21	Total liabilities (Part X, line 26)	22,567.	40,145.
		Net assets or fund balances. Subtract line 21 from line 20	961,500.	982,638.
_	art II	Signature Block		
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and states signed by: t, and complete, Declaration of,preparer (other than officer) is based on all information of which prep	tements, and to the best of my	knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
	- (Varla Otcy-Murphy	8/8/2025	
Sig	n	Signature planticum	Date	
Hei	re	DARLA OTEY-MURPHY, EXECUTIVE DIRECTOR		
_		Type or print name and title	Thus To F	T DTM
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		TINA HENTON TINA HENTON	08/08/25 self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 4	1-0746749
Use	Only	Firm's address 420 SOUTH ORANGE AVENUE, SUITE 900		
_		ORLANDO, FL 32801	Phone no. 40	7-802-1200
Ma	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No
LH	A For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form 990 (2023)

Form	990 (2023) GIRLS INCORPORATED OF PINELLAS 59-0970201 Page 2
	t 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:
11.	GIRLS INC. DELIVERS LIFE-CHANGING PROGRAMS THAT INSPIRE GIRLS TO BE
	STRONG, SMART AND BOLD. GIRLS INC. SERVES GIRLS AGES 5-18 FOCUSING ON
	THE DEVELOPMENT OF THE WHOLE GIRL, SUPPORTING, MENTORING AND GUIDING
	GIRLS IN AN AFFIRMING, PRO-GIRL ENVIRONMENT.
_	
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 420,035. including grants of \$ 0.) (Revenue \$ 47,931.)
	PROVIDED YEAR-ROUND SERVICES TO 500 GIRLS WITH AFTER SCHOOL, SPRING
	BREAK AND SUMMER CAMP PROGRAMMING IN A SAFE AND NURTURING ENVIRONMENT
	IN 2 YOUTH HIGH-RISK ZONES IN PINELLAS COUNTY, FLORIDA. GIRLS INC. OF
	PINELLAS FOCUSES ON STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH)
	PINELLIAS FOCUSES ON SIEM (SCIENCE, IECHNOLOGI, ENGINEERING AND MAIN)
	AND READING, OFFERS HEALTHY LIVING, LIFE SKILLS, AND TUTORING. GIRLS
	INC. PROVIDES HOT MEALS AND SNACKS TO PARTICIPANTS. 70% OF GIRLS SERVED
	COME FROM SINGLE PARENT HOUSEHOLD WHILE 80% ARE FROM ECONOMICALLY
	DISADVANTAGED HOMES. SERVICES ARE ON A SLIDING SCALE FEE FOR THOSE WHO
	QUALIFY AND NEED-BASED SCHOLARSHIPS ARE PROVIDED AS AVAILABLE.
	ADDITIONALLY, GIRLS OF MILITARY AND FIRST RESPONDER FAMILIES ATTEND
	FREE OF CHARGE.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grapts of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4c 4d	Other program services (Describe on Schedule O.)
4d	

Form **990** (2023)

59-0970201

Form 990 (2023) GIRLS INCORP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	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	ا ، ا		х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
·	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,	-	_	-21
•	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			TE I
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_
120	, ,	12a	х	
h	Schedule D, Parts XI and XII	IZd		_
-	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	(2022)

	990 (2023) GIRLS INCORPORATED OF PINELLAS 59-097(201	P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			**
92	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		0	
		23		х
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_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%			v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):	5		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	X
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,,,	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Greek in Correction Contrains a response of flote to any line in this Part V	**********	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7	res	No
		ó		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
32004	12-21-23	Form	•	(2023)

332004 12-21-23

Docusign Envelope ID: 001913CE-B8DE-4B6B-B3BA-AA73EB96962C GIRLS INCORPORATED OF PINELLAS 59-0970201 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year _______12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **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

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 332005 12-21-23 Form 990 (2023)

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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?

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

X

16

	1990 (2023) GIRLS INCORPORATED OF PINELLAS 59-0970		Pi	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions,			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	1 (6		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	100		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_X_	
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 reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	W U	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ا ا	v	
12	on Schedule O how this was done	12c	X	-
13 14	Did the organization have a written whistleblower policy?	13	X	_
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	0		
		45-	v	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		100		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1 7	
	2010 100 100 100 100 100 100 100 100 100	16b		
Sec	exempt status with respect to such arrangements?	100	()	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3));	c OphA	availal	
	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avalldi	ИC
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	rial	
. •	statements available to the public during the tax year.	a midil	JIQ!	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DARLA OTEY-MURPHY - 727-544-6230			
	7700 61ST STREET N, PINELLAS PARK, FL 33781			

Form **990** (2023)

332006 12-21-23

Form 990 (2023) GIRLS INCORPORATED OF PINELLAS 59-0970201
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors 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 organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					is both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	slee o	rustee			ensal		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	lal tru:	onal t		ployee	S 9		1099-NEC)		and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DARLA OTEY-MURPHY	50.00	Ē		0	×	1 0	-			
EXECUTIVE DIRECTOR				Х				121,555.	0.	19,772.
(2) SHELDON MILLER	0.50									
PRESIDENT AS OF 9/24		X		х				0.	0.	0.
(3) LATASHA BARNES	0.50					П			****	
VICE PRESIDENT AS OF 9/24		Х		Х				0	0.	0.
(4) FRANK VITARELLI II	0.50									
TREASURER THRU 4/24		X		X				0.	0.	0.
(5) DANA FARFANTE REINA	0.50									
SECRETARY		X		Х				0 •	0.	0
(6) JESSICA BARNETT	0.50									
MEMBER AS OF 9/24		X						0	0.	0.
(7) JESSICA BRISTOL	0.50									
MEMBER AS OF 8/24		X						0	0.	0.
(8) CHIS GSTALDER	0.50									
MEMBER		X						0,.	0.	0 :
(9) DAWN HUNTER	0.50									
MEMBER THRU 9/24		X						0.	0.	0.
(10) MAGGIE KNAUST	0.50									
MEMBER THRU 9/24		Х						0.	0.	0.
(11) RONALD MACK	0.50									
MEMBER AS OF 9/24		X						0.	0.	0.
(12) BAILEY MARTINDALE	0.50									
MEMBER		X						0.	0.	0.
(13) PAIGE MICHAELIS	0.50									
MEMBER THRU 9/24		Х						0.	0	0.
(14) BRIAN MILES	0.50									
MEMBER AS OF 9/24		X						0 •	0.	0.
(15) JAMES OLSON	0.50									
MEMBER AS OF 9/24		X						0 *	0 -	0.
(16) KISHEN SRIDHARAN	0.50									
MEMBER		X						0	0.	0.
(17) ALAUKIKA VAISHNAV	0.50									
MEMBER AS OF 8/24		X						0	0.	0.

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Form 990 (2023)

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Form 990 (2023) GIRLS INC									59-09'	<u> 702</u>	01	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	(do	not c	Posi heck n ss per nd a di	ition more son i	l than d	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	comper from organi: and re organiz	nsation the zation lated
(18) SOWMYA VISWANATHAN, MD	0.50							_				
MEMBER AS OF 9/24		X						0.). 		0.
										+		
										#		
1b Subtotal				exons				121,555.).	19,	772.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A			*****	,,,,,,		9);	121,555.).	19	0. 772.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d abo	ove)) who	o re					
compensation from the organization			_	_	_						Υe	1 s No
3 Did the organization list any former officer,	director, truste	e, k	еу е	mplo	oyee	e, or	hig	hest compensated empl	oyee on			3 110
line 1a? If "Yes," complete Schedule J for so	uch individual	(**)								.	3	Х
4 For any individual listed on line 1a, is the sul and related organizations greater than \$150	m of reportable .000? If "Vas	e co	mpe mole	nsat	ion	and	oth	er compensation from the	ne organization		4	x
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any i	unre	late	ed organization or individ	ual for services			
rendered to the organization? If "Yes," comp Section B. Independent Contractors	olete Schedule	J fo	or su	ch p	erso	on .					5	X
Complete this table for your five highest corr	npensated ind	eper	nden	nt co	ntra	ctor	s th	nat received more than \$	100.000 of compe	nsatic	n from	
the organization. Report compensation for t	he calendar ye	ar e	ndin	g wit	th o	r wit	hin	the organization's tax ye	ear.			
(A) Name and business	address	NC	NE					(B) Description of se	ervices	Coi	(C) mpensa	tion
Total number of independent contractors (in \$100,000 of compensation from the organize)		t lim	ited	to th	hose		ed	above) who received mo	re than			
										F	orm 99	0 (2023)

GIRLS INCORPORATED OF PINELLAS 59-0970201 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Unrelated Total revenue function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns 44,916. Contributions, Gifts, Grants and Other Similar Amounts 1a **b** Membership dues 1b 144,788. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 50,000. f All other contributions, gifts, grants, and 425,439. similar amounts not included above g Noncash contributions included in lines 1a-1f 1g \$ 13,859. 665,143. h Total. Add lines 1a-1f **Business Code** 2 a AFTER SCHOOL FEES 36,806. 36,806. 611710 Program Service Revenue b CAMP FEES 611710 11,125. 11,125. f All other program service revenue 47,931. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 7,746. 7,746. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 26,368. assets other than inventory **b** Less: cost or other basis and sales expenses 27,645. Other Revenue c Gain or (loss) -1,277.-1,277.d Net gain or (loss) -1,277.8 a Gross income from fundraising events (not including \$ ____ 144,788. of contributions reported on line 1c). See Part IV, line 18 20,115. b Less: direct expenses 37,327. -17,212. -17,212. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS REVENUE 900099 1,646. 1,646. b

1,646.

703,977.

332009 12-21-23

d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See instructions

-9,097.

Form **990** (2023)

0.

47,931

Form 990 (2023) GIRLS INCORPO
Part IX Statement of Functional Expenses GIRLS INCORPORATED OF PINELLAS 59-0970201 Page 10

Do .	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	and domestic governments. See Part IV, line 21	1			
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	163,245.	103,857.	24,648.	34,740
6	Compensation not included above to disqualified	103/243.	103,037.	24,040.	34,740
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	235,744.	150,868.	34,879.	49,997
8	Pension plan accruals and contributions (include	233,744.	130,000.	34,073.	43,337
0	section 401(k) and 403(b) employer contributions)	1,963.	755.	566.	642
9	Other employee benefits	749.	536.	96.	117
10	Payroll taxes	32,926.	21,301.	4,724.	
11	Payroll taxes Fees for services (nonemployees):	32,320.	21,301.	4,724.	6,901
	Management				
	Legal	41,142.	1,268.	39,874.	
	Accounting	41,142.	1,200.	33,074.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	10,118.	312.	9,806.	
12	Advertising and promotion	4,155.	3,769.	386.	
13	Office expenses	11,275.	1,970.	8,980.	325
14	Information technology	14,544.	1,370.	14,544.	343
15	Royalties	11,511.		11,344.	
16	Occupancy	35,249.	30,146.	4,897.	206
17	Travel	6,961.	4,005.	2,956.	200
8	Payments of travel or entertainment expenses	0,501.	4,005.	2,930.	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	lust a see at				
!1	Payments to affiliates				
	Depreciation, depletion, and amortization	52,899.	44,997.	7,902.	
	Insurance	46,608.	25,768.	20,840.	
24	Other expenses, Itemize expenses not covered	10,000.	23,700.	20,010.	1 /E E
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	- 1 100			
а	PROGRAM SUPPLIES	18,055.	18,055.		
	NONFINANCIAL ASSETS	13,859.	10,033.	10,433.	3,426
	DUES & SUBSCRIPTIONS	7,676.		7,676.	3,440
	RECRUITMENT	6,764.	4,282.	2,482.	
	All other expenses	14,500.	8,146.	6,354.	
5	Total functional expenses. Add lines 1 through 24e	718,432.	420,035.	202,043.	96,354
<u>5</u> 6	Joint costs. Complete this line only if the organization	110,434.	440,033.	404,043.	30,354
_	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here frollowing SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Form 990 (2023)
Part X | Balance Sheet GIRLS INCORPORATED OF PINELLAS

59-0970201 Page 11

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		279,954.	1	295,952
	2	Savings and temporary cash investments		77,269.	2	79,699
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	*******************************		4	
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these pers	sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
sts		under section 4958(f)(1)), and persons described in se	(2,22,22)		6	
	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges	.,	5,200.	9	7,046
	10a	Land, buildings, and equipment: cost or other			- 1	
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a	1,512,615.			
	b	Less: accumulated depreciation10b	915,150.	617,001.	10c	597,465
,	11	Investments - publicly traded securities			11	
H	12	Investments - other securities. See Part IV, line 11			12	
- 0	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		1 610	14	10 501
	15	Other assets. See Part IV, line 11		4,643.	15	42,621
_	16	Total assets. Add lines 1 through 15 (must equal line		984,067.	16	1,022,783
- N	17	Accounts payable and accrued expenses		17,924.	17	38,113
- 1	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
es	22	Loans and other payables to any current or former offi			. 12	
		trustee, key employee, creator or founder, substantial			100000	
Liabilities	22	controlled entity or family member of any of these pers			22	
	23 24	Secured mortgages and notes payable to unrelated the Unsecured notes and loans payable to unrelated third			23	
	25	Other liabilities (including federal income tax, payables			24	
	20	parties, and other liabilities not included on lines 17-24				
			′ ' I	4,643.	25	2,032
	26	Tatal liabilities Add lines 17 through 05	//////////////////////////////////////	22,567.		40,145
		Organizations that follow FASB ASC 958, check he	re X	2275071	20	10/110
g		and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		756,339.	27	749,494
	28	Net assets with donor restrictions		205,161.	28	233,144
		Organizations that do not follow FASB ASC 958, ch				
2		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current funds			29	
ខ្លី	30	Paid-in or capital surplus, or land, building, or equipme	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,			31	
<u> </u>	32	Total net assets or fund balances		961,500.	32	982,638
ے ا	33	Total liabilities and net assets/fund balances		984,067.	33	1,022,783

Form 990 (2023)

	n 990 (2023) GIRLS INCORPORATED OF PINELLAS	59-0970	201	Pac	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	703		
2	Total expenses (must equal Part IX, column (A), line 25)	2	718		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	961	. , 5	00.
5	Net unrealized gains (losses) on investments	5			
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	35	, 5	93.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	982	2,6	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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	0		Yes	No
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			-	
	separate basis, consolidated basis, or both:		1		
	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 separate				
	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	audit.			
	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 Scho				
За	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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF PINELLAS

Employer identification number 59-0970201

_	1	D / D / /	D THEORET OIL	TITLE OF TIME.	מעחח			13-03/0201
_	rt I	Reason for Public	Charity Status.	(All organizations must o	complete the	nis part.) S	ee instructions.	
'nе	organi	zation is not a private found						
1		A church, convention of ch	nurches, or association	on of churches described	in section	n 170(b)(1	I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative)(b)(1)(A)(ii	i).	
4		A medical research organiz						the hospital's name
		city, and state:		,				and market manner
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a no	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (0		nego en annony ennoc	о орога	00 0, a go	North College and addonor	00 111
6		A federal, state, or local go		nental unit described in	aastias d'	70/LV4VAV	6.4	
								1.12 1 21 1.1
•		An organization that norma		ntial part of its support t	rom a gove	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma						
		activities related to its exen						
		income and unrelated busing		(less section 511 tax) fro	om busines	sses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	•					
11		An organization organized a						
12		An organization organized						
		more publicly supported or						Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organization(s), by hav	ving
		control or management o						
		organization(s). You mus			-			
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with.
		its supported organization						
d		Type III non-functionally						zation(s)
		that is not functionally int						
		requirement (see instructi						
е		Check this box if the orga						
		functionally integrated, or					31 . 31 . 31	
f	Enter	the number of supported of	organizations					
g	Provi	de the following information	about the supporte	d organization(s).				118
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				7/				
_								

Docusign Envelope ID: 001913CE-B8DE-4B6B-B3BA-AA73EB96962C 59-0970201 Page 2 GIRLS INCORPORATED OF PINELLAS Schedule A (Form 990) 2023 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 647,309. 588,406. 707,580. 649,472. 665,143. 3257910. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 647,309. 588,406. 707,580. 649,472. 665,143. 3257910. 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) 327,258. 6 Public support. Subtract line 5 from line 4. 2930652. Section B. Total Support (a) 2019 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 647,309. 588,406. 707,580. 649,472. 665,143. 3257910. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 7,746. and income from similar sources 1. 10. 996. 8,753. 9 Net income from unrelated business activities, whether or not the 1,117. business is regularly carried on 1,117. 10 Other income. Do not include gain or loss from the sale of capital 9,739. 11,079. 36,886 39,839 21,761 assets (Explain in Part VI.) 119,304. 3387084. 11 Total support. Add lines 7 through 10 245,759. 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 86.52 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 86.62 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

Schedule A (Form 990) 2023

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2023 GIRLS INCORPORATED OF PINELLAS

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	siow, picase comp	Diete Fait II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	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						
	Total. Add lines 1 through 5						
78	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		7.				
	amount on line 13 for the year]		
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest,			ii			
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
c	Add lines 10a and 10b					ļ-	
	Net income from unrelated business					!	
	activities not included on line 10b,						
	whether or not the business is					1	
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital		ľ				
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12,)			1			
14	First 5 years. If the Form 990 is for the			ourth, or fifth tax y	year as a section	501(c)(3) organizatio	on,
200	check this box and stop here						
	tion C. Computation of Public					т т	5.9
15	Public support percentage for 2023 (lin	ne 8, column (f), di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2022	Schedule A, Part I	III, line 15			16	%
	tion D. Computation of Invest					T T	
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	.022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box of	n line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and	d stop here. The	organization qualif	īes as a publicly s	upported organiza	ation	
b	33 1/3% support tests - 2022. If the						ınd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a l	box on line 14, 19a	, or 19b, check th	is box and see in	structions	

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
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		1
3с		
4a		
4b		
4c		
10		
5a		
5b		
5c		
6		
7		
8	My I	
9a		
9b		
9c		
	11	
10a		
10b	m 990)	

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Sched

	edule A (Form 990) 2023 GIRLS INCORPORATED OF PINELLAS 59-0	<u>97020</u>	1 Pa	age 5
Pa	rt IV Supporting Organizations (continued)		_	70
44	Has the organization appented a gift or contribution from any of the fall or in a great and a gift or contribution from any of the fall or in a great and a gift or contribution from any of the fall or in a great and a gift or contribution from any of the fall or in a great and a gift or contribution from any of the fall or in a great and a gift or contribution from a great and a great an	f	Yes	No
11	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 on lines 11b and			
2	11c below, the governing body of a supported organization?	44-		
h	A family member of a person described on line 11a above?	11a 11b		_
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Ū	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1110	_	,
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	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 officers, directors, or trustees were allocated among the			-
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		,
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax 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 - 3	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	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			W .
	significant voice in the organization's investment policies and in directing the use of the organization's	0.00		
	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.		1	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	e)		
а	The organization satisfied the Activities Test. Complete line 2 below.	<i>.</i> ,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	nel	
2	Activities Test. Answer lines 2a and 2b below.	nstruction	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		100	
	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			100
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	100		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23

Schedule A (Form 990) 2023

	edule A (Form 990) 2023 GIRLS INCORPORATED OF tV Type III Non-Functionally Integrated 509(a)(3) Supporti		S S	59-0970201 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Devt VIII Con implement
	All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instructions.
Sect	ion A - Adjusted Net Income	si complete s	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1 1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
_ 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount		F11111	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		1
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

59-0970201 Page 7 GIRLS INCORPORATED OF PINELLAS Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D. a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	GIRLS	INCORPORATED C	F PINELLAS	59-0970201	Page 8
line 1; Part IV, Section A,	Information. P lines 1, 2, 3b, 3c, 4 ction D, lines 2 and 3 6, and 8; and Part \	rovide the explanations requib, 4c, 5a, 6, 9a, 9b, 9c, 11a, B: Part IV. Section E. lines 1c.	red by Part II, line 10; Pa 11b, and 11c; Part IV, Se 2a, 2b, 3a, and 3b; Part	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section V, line 1; Part V, Section B, line 1e; Pa for any additional information.	1 C
SCHEDULE A, PART		10, EXPLANATIO	N FOR OTHER	INCOME:	
MISCELLANEOUS					-
2019 AMOUNT: \$	9,739.				
2020 AMOUNT: \$	2,895.				
2021 AMOUNT: \$	2,261.				
2022 AMOUNT: \$	1,889.				
2023 AMOUNT: \$	1,646.				
FUNDRAISING REVE	NUE				
2020 AMOUNT: \$	8,184.				
2021 AMOUNT: \$	34,625.				
2022 AMOUNT: \$	37,950.				
2023 AMOUNT: \$	20,115.				
					
					;
-					
-					

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE SCHOEN FOUNDATION	395,000.	327,258.
otal Excess Contributions to Schedule A. Part II. Line 5		327.258.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization Employer identification number GIRLS INCORPORATED OF PINELLAS 59-0970201 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule	B (Form 990) (2023)			Page
	rganization		Employ	yer identification number
GIRLS	INCORPORATED OF PINELLAS		59	-0970201
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
1_	OUNCE OF PREVENTION FUND 111 N GADSDEN STREET TALLAHASSEE, FL 32301	\$104,1	40.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
2	THE SCHOEN FOUNDATION 5801 PELICAN BAY BLVD NAPLES, FL 34108	\$75,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
3	EARLY LEARNING COALITION 6302 E DR MARTIN LUTHER KING JR BLVD SUITE 100 TAMPA, FL 33619	\$61,9	65.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
4	CITY OF PINELLAS PARK 5141 78TH AVENUE NORTH PINELLAS PARK, FL 33781	\$50,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
5	UNITED WAY OF SUNCOAST TAMPA BAY 701 N FAIRFAX ST. ALEXANDRIA, VA 22314	\$\$	16.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
6	GIRLS INC. NATIONAL			Person X

noncash contributions.)

Noncash

120 WALL STREET, 18TH FLOOR

NEW YORK, NY 10005

34,898.

Schedule B (Form 990) (2023)

Page 2

Contodato	= (raye =
Name of o	organization		Employer identification number
GIRLS	INCORPORATED OF PINELLAS		59-0970201
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
	RAYMOND JAMES 800 CARILLON PKWY ST. PETERSBURG, FL 33716	\$8	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
8	PINELLAS COMMUNITY FOUNDATION INC. 17755 US HIGHWAY 19 N STE 150 CLEARWATER, FL 33764	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
9	CALIFORNIA CLOSETS 2906 WEST KENNEDY BLVD. TAMPA, FL 33609	\$18,5	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2023)		Page
Name of o	rganization		Employer identification number
GIRLS	INCORPORATED OF PINELLAS		59-0970201
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
			1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
·		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

Schedule B (Form 990) (2023)

323453 12-26-23

	3 (Form 990) (2023)			Page 4			
Name of or	rganization			Employer identification number			
GIRLS	INCORPORATED OF PINELI	.A.C		59-0970201			
Part III	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	tions to organizations described in set a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or to	v. For organizations	nat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held			
	#F-79-14	(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee			
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of tra	insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
			3				
		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Employer identification number

Pa	t I Organizations Maintaining Donor Advised		or Accou	59-0970201 nts. Complete if the		
_	organization answered "Yes" on Form 990, Part IV, line		4.55			
	Tatal sumban at and after	(a) Donor advised funds	(a) Fur	nds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w					
6	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No		
o	Did the organization inform all grantees, donors, and donor act for charitable purposes and not for the honeith of the donor and					
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?					
Pa		anization annuared "Vos" on Form 900	Dart IV line 7	Yes No		
1	Purpose(s) of conservation easements held by the organization		Part IV, line 7			
'	Preservation of land for public use (for example, recreat		of a biotoxically	important land avec		
	Protection of natural habitat		-	/ important land area		
	Preservation of open space	Preservation of	n a ceruned ni	istoric structure		
2				76		
_	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.	ed conservation contribution in the form	of a conserva	Held at the End of the Tax Year		
а			-	Tield at the tha of the Tax Year		
ь	Total number of conservation easements Total acreage restricted by conservation easements					
c	Number of conservation easements on a certified historic stru	oture included on line 2a				
d	Number of conservation easements included on line 2c acquir		<u>26</u>			
-	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the	e organization	during the tax		
	year	acce, oamigaiones, er terminates by the	o organization	during the tax		
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period					
	violations, and enforcement of the conservation easements it			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
		•		G ,		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easemer	nts during the year		
		-				
8	Does each conservation easement reported on line 2d above					
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense	e statement ar	nd		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	ents that des	cribes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	마르마트를 빼앗으면서 모양을 맞으셨다는데 되는 사람이 아버지를 하게 하는데 하는데까?	ther Simila	ar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958					
	of art, historical treasures, or other similar assets held for publ			public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance shee	t works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of pu	ıblic service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1	***************************************		\$		
	(ii) Assets included in Form 990, Part X	***************************************	(())	\$		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provid	e		
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	***************************************		\$		
b	Assets included in Form 990, Part X			\$		
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023		

332051 09-28-23

	edule D (Form 990) 2023 GIRLS I	NCORPORATE			Other S	59-09 Similar Asset	70201 s (contin	L P	age 2
3	Using the organization's acquisition, accessi							000/	
	collection items (check all that apply).								
а	Public exhibition	C	I 🔲 Loan or e	xchange progran	n				
b									
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	's exemp	t purpose in Parl	XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's	collection?			Yes		No
Par	rt IV Escrow and Custodial Arran	gements Comple	te if the organizat	on answered "Ye	es" on Fo	rm 990, Part IV,	ine 9, or		
_	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?	***************************************		***************************************			Yes		No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amount	t	
С						1c			
ď				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1d			
е	Distributions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1e			
f	Ending balance					lf	_		_
	Did the organization include an amount on F					?	_ Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided in Pa	rt XIII .		*******		
rai	t V Endowment Funds Complete it		A			V. 771	I was	552/8555	
	D 5 6	(a) Current year	(b) Prior year	(c) Two years	Dack (d) Three years back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions						ļ		
С.	Net investment earnings, gains, and losses						ļ		
a	Grants or scholarships				_				
е	Other expenditures for facilities								
	and programs			4	-		ļ —		
f	Administrative expenses			-			<u> </u>		
g	End of year balance		0: d	/)			L.		
2 a	Provide the estimated percentage of the curl Board designated or quasi-endowment			(a)) neid as:					
b	Permanent endowment	%	_%						
		% %							
·	The percentages on lines 2a, 2b, and 2c sho	65							
3a	Are there endowment funds not in the posse	•	tion that are held	and administers	d for the				
-	organization by:	SSIOT OF THE OLGANIZE	tion that are neid	and administere	u ioi uie		ſ	Yes	No
	(i) Unrelated organizations?						3a(i)	X	
	(ii) Related organizations?	***************************************							
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule B				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds	***************************************			. [
Par	t VI Land, Buildings, and Equipm	ent	g.n. id.ido.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or o		st or other		umulated	(d) Boo	k valu	e
		basis (investr		is (other)		eciation	(4, 200		
1a	Land			80,000.			8	0,0	00.
	Buildings		1.1	12,748.	67	70,024.	44	2,7	24.
C	Leasehold improvements								
	Equipment		1	66,848.	12	24,733.	4	2,1	15.
	Other			53,019.		20,393.		2,6	
	Add lines 1a through 1e. (Column (d) must e							7.4	

Schedule D (Form 990) 2023

		11b. See Form 990, Part X, line 12.	.=l.us
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	/alue
1) Financial derivatives			_
2) Closely held equity interests 3) Other			
(6)(0)			
(A) (B)			
(C)			
(D)			
(E)			_
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	n Form 000 Part IV line	11a Can Farm 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)	(S) DOON VAIDO	(S) Modified of Valdation. Oost of Charles year Market	TAIG
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Part IX Other Assets	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Part IX Other Assets Complete if the organization answered "Yes" or	n Form 990, Part IV, line		alue
Part IX Other Assets Complete if the organization answered "Yes" or (a) D		11d. See Form 990, Part X, line 15. (b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" or (a) D			alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2)			alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3)			alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)			alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5)			alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6)			alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7)			alue
Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)			alue
Part IX Other Assets	Description	(b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)	Description	(b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	Description (B))	(b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or	Description (B))	(b) Book v	
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" oil. (a) Description of liability	Description (B))	(b) Book v	
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3)	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	alue
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4)	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5)	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	alue
Part IX Other Assets Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7)	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	alue
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)	Description (B))	(b) Book v 11e or 11f. See Form 990, Part X, line 25. (b) Book v	

332053 09-28-23

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 GIRLS INCORPORATED OF PINEL	LAS		59-09	70201	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With F	Revenue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1				1	722,	477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	18,500.	Ġ.		
С	Recoveries of prior year grants	2c		Č.		
d	Other (Describe in Part XIII.)	1				
е	Add lines 2a through 2d			2e	18,	500.
3	Subtract line 2e from line 1			3	703,	977.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	v 10				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	703,	977.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	Expenses per R	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	736,	932.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	18,500.			
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		500.
3	Subtract line 2e from line 1			3	718,	432.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	7 3				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		***************************************	5	718,	432.
_	t XIII Supplemental Information					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X, I	ine 2; Part X	l,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal inform	ation.			
DAE	T V, LINE 4:					
<u> FAI</u>	.i v, bine 4.					
тна	COMMUNITY FOUNDATION OF TAMPA BAY (CFTB)	שת זטנ	TWO FUNDS	DECT	משת גואי	3 C
1111	COMMONITY FOUNDATION OF TAMPA BAY (CFIB) I	פתחטני	TWO FUNDS	DEST	MATED	AS
REN	EFITING GIRLS INCORPORATED OF PINELLAS (TH	r odca	NIT7 A TT (NI)	CEMI	ם עות כי	
PLI	TITING GINED INCORPORATED OF FINELLIAS (III	L ORGA	NIZALION).	CFII	D DAS	
VAF	LIANCE POWER OVER THESE FUNDS, WHICH ALLOWS	CEMB	TO MODIEV	א אדע		
***	TIMES TOWN OVER THESE TOWNS, WITCH ALBOWS	CFIB	TO MODIFF	VIA I		
RES	TRICTIONS ON THE FUNDS, INCLUDING REDESIGNA	ATTNG	THE FINDS	יוב חידי	JOTHER	
	THE TOUBH INCHODING KEDEDIGH	111110	THE FUNDS	10 A	OTHER	
BEN	EFICIARY ORGANIZATION, AS DETERMINED BY TH	E SOLE	JUDGMENT	חידי יוֹר	פרער או	פיפ
			OODGMENT	01 11	ID CITI	
GOV	ERNING BOARD.					
-						
PAR	T X, LINE 2:					
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOM	E TAXE	S UNDER SE	CTIO	1	
501	(C)(3) OF THE INTERNAL REVENUE CODE AND FRO	OM STA	TE INCOME	TAXES	UNDER	ł.
SIM	ILAR PROVISIONS OF THE FLORIDA STATUTES. AC	CCORDI	NGLY, NO P	ROVI	SION FO	R
	09-28-23				e D (Form 9	
	24					

Schedule D (Form 990) 2023 GIRLS INCORPORATED OF PINELLAS	59-0970201 Page 5
Part XIII Supplemental Information (continued)	
INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIA	L STATEMENTS.
THE ORGANIZATION IS SUBJECT TO THE ACCOUNTING STANDARDS ON A	ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BELIEVE IT	HAS TAKEN ANY
TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF U	NCERTAINTY. THE
ORGANIZATION'S INCOME TAX FILINGS FOR PERIODS AFTER THE FISC	CAL YEAR ENDED
SEPTEMBER 30, 2020 REMAIN SUBJECT TO EXAMINATION.	
,	
	-
	

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

nternal Revenue Service	Go t	to www.irs.gov/Form990 for instruc	ctions	and ti	ne latest information	1.		Inspection
Name of the organization		NCORPORATED OF PIN	ET.T.	\ C			Employer ide	entification number
Part I Fundrais		- Complete if the organization answe			Form 990 Part IV I	ine 17		
	complete this part	t.		00 01	11 01111 330,1 21111,1	110 17	. 1 01111 330-L2	I HIGHS AFC TIOL
a Mail solicital b Internet and c Phone solici d In-person so	tions email solicitations itations licitations		tion of tion of fundra	non-g gover iising	overnment grants nment grants events	tees	or.	
key employees list	ted in Form 990, Pa highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
otal			l					
	ch the organization	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration
				_				
						=		

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

			NCORPORATED		59-	0970201 Page 2
Pa	ırt I					
_		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				STEM	NONE	(add col. (a) through
l li			GALA	LUNCHEON		col. (c))
ā			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	105,958.	56,570.		162,528.
	2	Less: Contributions	89,363.	53,470.		142,833.
_	3	Gross income (line 1 minus line 2)	16,595.	3,100.		19,695.
	4	Cash prizes				
w	5	Noncash prizes	8,945.			8,945.
Direct Expenses	6	Rent/facility costs	5,803.	3,750.		9,553.
irect E	7	Food and beverages	9,006.	3,055.		12,061.
۵	Q	Entertainment	1,500.			1,500.
	9	Other direct expenses		388.		3,649.
	10	Direct expense summary. Add lines 4 through	0:			35,708.
	11	Net income summary. Subtract line 10 from li				-16,013.
Pa				1990 Part IV line 19 or	reported more than	10,013.
		\$15,000 on Form 990-EZ, line 6a.				
			(-) Din	(b) Pull tabs/instant	() Othi	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
leve						
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
		Direct expense summary. Add lines 2 through	5 in column (d)			
		Net gaming income summary. Subtract line 7				
		and the second s				
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
а	ls ti	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
		No," explain:				
	_					
	_					
		re any of the organization's gaming licenses re			year?	Yes No
b	lf "\	Yes," explain:				
	_					
33208	2 09-	-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023	GIRLS	INCORPORATED	OF PINELLAS	59-	0970201	Page 3
11	Does the organization conduct of					Yes	☐ No
	Is the organization a grantor, be	neficiary or trus	stee of a trust, or a memi	er of a partnership or othe	er entity formed		
	to administer charitable gaming	?			******************************	Yes	No
13	Indicate the percentage of gamin	ng activity con	ducted in:				
а	The organization's facility		***************************************			13a	%
Ь	An outside facility					13b	%
14	Enter the name and address of t	he person who	prepares the organization	on's gaming/special events	s books and records:		
	Addross						
15a	Does the organization have a co			organization receives gam		Yes	☐ No
	If "Yes," enter the amount of gar of gaming revenue retained by the If "Yes," enter name and address	ne third party	\$		and the amount		
	N		3				
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided	,					
	Director/officer	Employ	ree Ind	ependent contractor			-
	Mandatory distributions: Is the organization required under retain the state gaming license?			ons from the gaming proc		yes	□ No
b	Enter the amount of distributions organization's own exempt activi	required unde	er state law to be distribu tax year \$	ted to other exempt organ	nizations or spent in the		
Pa	Supplemental Info 15b, 15c, 16, and 17b, a	rmation. Pro s applicable. A	ovide the explanations re Also provide any addition	quired by Part I, line 2b, call information. See instruc	olumns (iii) and (v); and Pations.	art III, lines 9,	9b, 10b,
_							
_							
_							
_							
33208	3 09-13-23				Sche	dule G (Form	990) 2023

Schedule G (Form 990) GI Part IV Supplemental Information	RLS INCORPORATED	OF PINELLAS	59-0970201 F	age 4
Part IV Supplemental Information	on (continued)			
·				
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2				
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¥				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF PINELLAS

Employer identification number 59-0970201

FORM 990, PART VI, SECTION A, LINE 1A:

THE OFFICERS SERVE AS MEMBERS OF THE EXECUTIVE COMMITTEE. EXCEPT FOR THE

POWER TO AMEND THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE

POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE INTERVALS BETWEEN

MEETINGS OF THE BOARD OF DIRECTORS. HOWEVER, ANY NEW ACTIONS TAKEN BY THE

EXECUTIVE COMMITTEE REQUIRING APPROVAL BY THE BOARD OF DIRECTORS MUST BE

RATIFIED AT THE NEXT SCHEDULED BOARD OF DIRECTORS MEETING. IN THE

CIRCUMSTANCE THAT IMMEDIATE ACTION IS NECESSARY, THE EXECUTIVE COMMITTEE

SHALL ATTEMPT TO CONVENE A SPECIAL BOARD MEETING WITH A QUORUM PRIOR TO

PROCEEDING. THE EXECUTIVE COMMITTEE SHALL NOT CHANGE ANY ACTIONS TAKEN

FORM 990, PART VI, SECTION B, LINE 11B:

PREVIOUSLY BY THE BOARD OF DIRECTORS.

THE EXECUTIVE DIRECTOR AND THE BOARD REVIEW THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, DURING THE BOARD OF DIRECTORS' ANNUAL RETREAT, ALL BOARD MEMBERS

ARE REQUIRED TO REVIEW, SIGN, AND SUBMIT THE CONFLICT OF INTEREST POLICY.

THIS ENSURES THAT EVERY DIRECTOR IS REMINDED OF THEIR OBLIGATION TO

DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS AND TO ACT IN THE BEST INTEREST

OF THE ORGANIZATION.

AS PART OF THE ONBOARDING PROCESS, ALL NEWLY APPOINTED BOARD MEMBERS

RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO

READ, UNDERSTAND, AND SIGN THE POLICY BEFORE BEGINNING THEIR OFFICIAL BOARD SERVICE.

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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization GIRLS INCORPORATED OF PINELLAS	Employer identification number 59-0970201
BOARD MEMBERS ARE EXPECTED TO DISCLOSE ANY POTENTIAL CONFI	ICTS AS THEY
ARISE THROUGHOUT THE YEAR. WHEN A CONFLICT IS DISCLOSED, T	HE BOARD MEMBER
IS RECUSED FROM RELATED DISCUSSIONS AND DECISION-MAKING IN	ACCORDANCE WITH
THE POLICY.	
SIGNED CONFLICT OF INTEREST FORMS ARE MAINTAINED IN THE OR	GANIZATION'S
OFFICIAL RECORDS	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE REVI	EW OF THE
EXECUTIVE DIRECTOR. ANY ADJUSTMENTS TO COMPENSATION ARE DE	TERMINED BY THE
BOARD AND ARE BASED ON COMPARABLE SALARIES FOR SIMILAR ROL	ES AT AGENCIES OF
EQUIVALENT SIZE. THIS WAS LAST PERFORMED IN 2024.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION	35,593.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filling of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Type or Taxpayer identification number (TIN) **Print** GIRLS INCORPORATED OF PINELLAS 59-0970201 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your return. See 7700 61ST STREET N instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PINELLAS PARK, FL 33781 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ Form 4720 (other than individual) 01 09 Form 4720 (individual) Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 05 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) Form 5330 (other than individual) 07 14 Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DARLA OTEY-MURPHY 7700 61ST STREET N - PINELLAS PARK, FL 33781 Telephone No. 727-544-6230 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _. If this is for the whole group, check this box _____ . If it is for part of the group, check this box ____ and attach a list with the names and TINs of all members the extension is for I request an automatic 6-month extension of time until AUGUST 15 _____, 20 25_____, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 ____ or X tax year beginning ______OCT 1 ______, 20 23 ___, and ending ______SEP 30 . ______, 2024 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0 -

** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For th	e 2023 calendar year, or tax year beginning OCT 1, 2023 and er	nding S	EP 30, 202	4	
В	Check if applicat	C Name of organization		D Employer ident		
Г	Addr	GIRLS INCORPORATED OF PINELLAS				
	Name chan	Doing business as		59-0970	201	
	returr Final returr	Number and street (or P.O. box if mail is not delivered to street address) 7700 61ST STREET N	oom/suite	E Telephone numb		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	768,	949.
	Amer	FINEBULAS PARK, FL 33/61		H(a) Is this a group	return	
	Appli	F Name and address of principal officer: DARLA OTEI-MORPHI		for subordinat	es? Yes [X No
_	pend	SAME AS C ABOVE			s included? Yes	No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See instruction	ns
	Webs	A STATE OF THE STA		H(c) Group exempt	tion number	
		forganization: X Corporation Trust Association Other	L Year o	of formation: 1961	M State of legal domi	cile: FL
P	art I	Summary				
a	1	Briefly describe the organization's mission or most significant activities: GIRLS			IFE-CHANGIN	1G
anc		PROGRAMS THAT INSPIRE GIRLS TO BE STRONG,				
Governance	2	Check this box if the organization discontinued its operations or disposed		191	assets.	
δ	3	Number of voting members of the governing body (Part VI, line 1a)			3	16
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	16
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5	14
ŧ	6	Total number of volunteers (estimate if necessary)		ammanaman L	6	100
Ac	'a	Total unrelated business revenue from Part VIII, column (C), line 12		······	'a 'b	0.
_	۳	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Yea	
	8	Contributions and grants (Part VIII, line 1h)	—	649,472		
ĭe	9	Decree on the same of the same		48,411		931.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		996		469.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-35,634		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		663,245		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		371,469		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		0.
cbe	Ь	Total fundraising expenses (Part IX, column (D), line 25) 96,354	4.			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,693	. 283,	805.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		612,162	. 718,	432.
_	19	Revenue less expenses. Subtract line 18 from line 12		51,083	-14,	455.
105			Be	ginning of Current Yea		
Set	20	Total assets (Part X, line 16)		984,067		
Net Ass	21	Total liabilities (Part X, line 26)		22,567		145.
Ž.	22 art II	Net assets or fund balances. Subtract line 21 from line 20		961,500	. 982,	638.
		Signature Block				
una	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	ind stateme	nts, and to the best of	my knowledge and belie	ef, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge. B/8/2025		
۵.		Varia Otcy-Murphy Signature etafficare				
Sign				Date		
Her	е	DARLA OTEY-MURPHY, EXECUTIVE DIRECTOR Type or print name and title				
_		T	In	Pate Check	PTIN	
Paid		Print/Type preparer's name Preparer's signature TINA HENTON TINA HENTON		2015		0.2
	arer	Firm's name CLIFTONLARSONALLEN LLP	IO	8/08/25 self-em	P006302 41-0746749	04
	Only	Firm's address 420 SOUTH ORANGE AVENUE, SUITE 900		Firm's EIN	41-0/40/49	-
	J.117	ORLANDO, FL 32801	,	Dhone no A	07-802-120	Λ
May	the II	RS discuss this return with the preparer shown above? See instructions		1 Phone no. 4	X Yes	No
				************	105	

	n 990 (2023) GIRLS INCORPORATED OF PINELLAS	59-0970201	Page 2
Pa	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:		100
'		CIDIA MA DE	
	GIRLS INC. DELIVERS LIFE-CHANGING PROGRAMS THAT INSPIRE		
	STRONG, SMART AND BOLD. GIRLS INC. SERVES GIRLS AGES 5-	<u>18 FOCUSING O</u>	N
	THE DEVELOPMENT OF THE WHOLE GIRL, SUPPORTING, MENTORIN	G AND GUIDING	
	GIRLS IN AN AFFIRMING, PRO-GIRL ENVIRONMENT.		
2			
~	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
	If "Yes," describe these changes on Schedule O.	Establishmen.	
4			
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	venue \$ 47,	931.)
	PROVIDED YEAR-ROUND SERVICES TO 500 GIRLS WITH AFTER SC	HOOL, SPRING	
	BREAK AND SUMMER CAMP PROGRAMMING IN A SAFE AND NURTUR		חדת
	IN 2 YOUTH HIGH-RISK ZONES IN PINELLAS COUNTY, FLORIDA.		F
	PINELLAS FOCUSES ON STEM (SCIENCE, TECHNOLOGY, ENGINEER		
	AND READING, OFFERS HEALTHY LIVING, LIFE SKILLS, AND TU	TORING. GIRLS	
	INC. PROVIDES HOT MEALS AND SNACKS TO PARTICIPANTS. 70%	OF GIRLS SER	VED
	COME FROM SINGLE PARENT HOUSEHOLD WHILE 80% ARE FROM EC		
	DISADVANTAGED HOMES. SERVICES ARE ON A SLIDING SCALE FE		TTO
			пО
	QUALIFY AND NEED-BASED SCHOLARSHIPS ARE PROVIDED AS AVA		
	ADDITIONALLY, GIRLS OF MILITARY AND FIRST RESPONDER FAM	ILIES ATTEND	
	FREE OF CHARGE.	34	
4b	(Code:) (Expenses \$including grants of \$) (Rev		V
	(Code) (Capacido) (Text	enue a	
	5		
_			753
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
	9		
4d	Other program services (Describe on Schedule O.)		
_	(Expenses S including grants of S) (Revenue S	$\tilde{\mathbf{v}}$	
4e	Total program service expenses 420,035.		
	TAV / VJJ •		

Form **990** (2023)

Form 990 (2023) GIRLS INCORP
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			
	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		<u>X</u>
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		<u>X</u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-55
^	Schedule D, Part III	8		_X_
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?			
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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, VIII, VIII, IX, or X,			V 1
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١ ا	37	
	Part VI	11a	_X_	
D		ایما		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u> </u>
C		44.		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
ŭ		444		х
P	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	-25	-
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
		_	000	

Form 990 (2023)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		37
_	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		240		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	_	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		_
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
~	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
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	10		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	111		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	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	١.,		v
25.	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	 	<u> </u>
50	The state of the s	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
٠.	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?	0,		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	*******	45571	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1/4	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			. =
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Page 1		180
	(gambling) winnings to prize winners?	1c	X	L.
332004	12-21-23	Form	990	(2023)

GIRLS INCORPORATED OF PINELLAS

59-0970201

Form	990 (2023) GIRLS INCORPORATED OF PINELLAS 59-0970	201	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	-
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:	0.00		
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b	1		
11		1		
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against		L M	
b	(and the second			
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.	IJa		
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	1.5		N.
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		T
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.45	1	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, 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.			

332005 12-21-23

	990 (2023) GIRLS INCORPORATED OF PINELLAS		59-09702	201	Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr	ough 7b l	below, and for a	'No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See instru	ctions.			
_	Check if Schedule O contains a response or note to any line in this Part VI				6332	X
Sec	tion A. Governing Body and Management					
	1	ar.	4 0	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any o	other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	direct sup	ervision			
				3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckholders	s, or			
	persons other than the governing body?		***************************************	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	ı ı			
a	The governing body?			8a	<u>X</u>	
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 reach					1 28
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Coa	(e.)	_		-
			ï		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
				10b	37	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before fili	ng the form?	11a	_X_	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	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 to			12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			40-	Х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?		A COMPANY OF THE PARTY OF THE P	12c	X	-
14				14	X	_
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval			14	21	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by indepe	sideili			11 1
	The organization's CEO, Executive Director, or top management official			15a	х	
h	Other officers or key employees of the organization			15b	-11	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	***********	**************	100		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ent with a				
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			108		-1
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		працоп	3		
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	***************************************				
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (s	ection 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(-)(3)-	,,		
	Own website Another's website X Upon request Other (explain	on Sched	lule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			finan	cial	
	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 book	ks and red	cords			
	DARLA OTEY-MURPHY - 727-544-6230					
	7700 61ST STREET N, PINELLAS PARK, FL 33781					
332006	12-21-23			Form	990	(2023)

rm 990 (2023) GIRLS INCORPORATED OF PINELLAS

59-0970201

Page 7

Part VIII 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.

OL START IN THE START OF THE ST

- List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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 organiza		orga	niza			npen	sate			/= \
(A)	(B)			ر) Posi	C) ition	1		(D)	(E)	(F)
Name and title	Average		not cl	heck r	more	than o		Reportable	Reportable compensation	Estimated amount of
	hours per week					s both or/trus		compensation from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				ps		organization	(W-2/1099-MISC/	from the
	related	trustee or director	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		loyee	dwo:		1099-NEC)		and related
	below line)	Individual	Institutional trustee	Ollicer	Key employee	Highest compensated employee	Former			organizations
(1) DARLA OTEY-MURPHY	50.00	드	프	0	ΑŘ	王与	윤			
EXECUTIVE DIRECTOR	50150			х				121,555.	0.	19,772.
(2) SHELDON MILLER	0.50					Т				
PRESIDENT AS OF 9/24		х		х				0.	0.	0.
(3) LATASHA BARNES	0.50		П		П					
VICE PRESIDENT AS OF 9/24		x		х				0.	0.	0.
(4) FRANK VITARELLI II	0.50			П		П				
TREASURER THRU 4/24		x		х				0.	0.	0.
(5) DANA FARFANTE REINA	0.50			П						
SECRETARY		X		X				0.	0.	0.
(6) JESSICA BARNETT	0.50									
MEMBER AS OF 9/24		Х						0.	0.	0.
(7) JESSICA BRISTOL	0.50									
MEMBER AS OF 8/24		X						0.	0.	0.
(8) CHIS GSTALDER	0.50									
MEMBER		X						0.	0.	0.
(9) DAWN HUNTER	0.50									
MEMBER THRU 9/24		X						0.	0.	0.
(10) MAGGIE KNAUST	0.50									
MEMBER THRU 9/24		X						0.	0.	0.
(11) RONALD MACK	0.50								l '	
MEMBER AS OF 9/24		X		_				0.	0.	0.
(12) BAILEY MARTINDALE	0.50				l					
MEMBER		Х	_		_		_	0.	0	0.
(13) PAIGE MICHAELIS	0.50				l				l .	_
MEMBER THRU 9/24		X		_			L	0.	0.	0.
(14) BRIAN MILES	0.50									_
MEMBER AS OF 9/24		Х		_	_	_	Ļ	0.	0.	0.
(15) JAMES OLSON	0.50							_		_
MEMBER AS OF 9/24		X	_	_	_	-	_	0.	0.	0.
(16) KISHEN SRIDHARAN	0.50				1			_		_
MEMBER	0.50	X	\vdash		L			0.	0.	0.
(17) ALAURIKA VAISHNAV	0.50	,.						_		_
MEMBER AS OF 8/24		X						0.	0.	<u>0.</u>

332007 12-21-23

Form 990 (2023)

Form 990 (2023) GIRLS INC	CORPORAT	ED	0	F	ΡI	NE	LI	LAS	59-09	702	201	Pag	e 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	not c	Posi heck r	more rson is irecto	Highest compensated state of the complex of the complex of the compensated of the compensate of the co	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estir amo ot compe fror organ	n the lization elated	on n
(18) SOWMYA VISWANATHAN, MD	0.50	드	드	ō	Ke	王 5	요		<u> </u>	\dashv			_
MEMBER AS OF 9/24		Х						0.		0.			0.
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) 2 Total number of individuals (including but no	, Section A						52	121,555. 0. 121,555.		0 - 0 - 0 -		,77	0.
compensation from the organization	or firming to the	USC I	iisto	u ab	ove,) WITE	316	eceived more than \$100.	ooo or reportable				1
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors 	uch individual m of reportable 1,000? If "Yes, ccrue compen	e cor	mpe mple	ensate ete S	tion Sche	and dule unre	oth J fo	ner compensation from t for such individual ed organization or indivi	he organization		3 4 5		X X X
Complete this table for your five highest cor										nsat	ion from	1	
the organization. Report compensation for t (A) Name and business)NE		ith o	or wit	hin	the organization's tax y (B) Description of s		C	(C) ompens	ation	_ _ _
Total number of independent contractors (ir \$100,000 of compensation from the organization).		ot lim	nited	l to t	hos 0		red	above) who received m	ore than	1/15			
											Form 99	9U (20	123)

GIRLS INCORPORATED OF PINELLAS 59-0970201 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 44,916. Contributions, Gifts, Grants and Other Similar Amounts 1a **b** Membership dues 1b 144,788. c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 50,000. f All other contributions, gifts, grants, and similar amounts not included above 425,439. 13,859. g Noncash contributions included in lines 1a-1f 665,143. h Total. Add lines 1a-1f **Business Code** 2 a AFTER SCHOOL FEES 36,806. 611710 36,806. Program Service Revenue b CAMP FEES 611710 11,125. 11,125. f All other program service revenue 47,931. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 7,746. 7,746. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 26,368. assets other than inventory **b** Less: cost or other basis and sales expenses 27,645. Other Revenue -1,277.c Gain or (loss) -1,277.-1,277.d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ ____ 144,788. of contributions reported on line 1c). See Part IV, line 18 20,115. b Less: direct expenses 37,327. -17,212 -17,212. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a MISCELLANEOUS REVENUE 1,646. 1,646. 900099

1,646. 703,977.

332009 12-21-23

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

0 .

-9,097.

Form 990 (2023)

47,931

GIRLS INCORPORATED OF PINELLAS

Part IX Statement of Functional Expenses

Form 990 (2023)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must com	plete column (A).	
	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	163,245.	103,857.	24,648.	34,740
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	235,744.	150,868.	34,879.	49,997
8	Pension plan accruals and contributions (include			,	
-	section 401(k) and 403(b) employer contributions)	1,963.	755.	566.	642
9	Other employee benefits	749.	536.	96.	642 117
10	Payroll taxes	32,926.	21,301.	4,724.	6,901
11	Fees for services (nonemployees):	32,320.	21,5011	1,121	0/301
a	` ' ' '				
	Management				
b	Legal	41,142.	1,268.	39,874.	
	Accounting	*1,144.	1,200.	33,074.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f -	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 110	312.	9,806.	
	column (A), amount, list line 11g expenses on Sch 0.)	10,118. 4,155.	3,769.	386.	
12	Advertising and promotion				225
13	Office expenses	11,275.	1,970.	8,980.	325
14	Information technology	14,544.		14,544.	
15	Royalties	25 040	20 146	4 007	200
16	Occupancy	35,249.	30,146.	4,897.	206
17	Travel	6,961.	4,005.	2,956.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	F.C. 22.5	44.00=	F 222	
22	Depreciation, depletion, and amortization	52,899.	44,997.	7,902.	
23	Insurance	46,608.	25,768.	20,840.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	18,055.	18,055.		
b	NONFINANCIAL ASSETS	13,859.	10,0001	10,433.	3,426
C	DUES & SUBSCRIPTIONS	7,676.		7,676.	3,120
d	RECRUITMENT	6,764.	4,282.	2,482.	
	All other expenses	14,500.	8,146.	6,354.	
	Total functional expenses. Add lines 1 through 24e	718,432.	420,035.	202,043.	96,354
25 26	Joint costs. Complete this line only if the organization	110,434.	±40,033.	404,043.	30,334
20					
	reported in column (B) joint costs from a combined	l			
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
_	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (202

Form 990 (2023) 332010 12-21-23

Form 990 (2023) GIRLS INCORPORATED OF PINELLAS 59-0970201 Page 11

Part 2	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	279,954.	1	295,952.
:	2	Savings and temporary cash investments	77,269.	2	79,699.
:	3	Pledges and grants receivable, net		3	
- -	4	Accounts receivable, net		4	
4	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
න <u>.</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٠ ١	9	Prepaid expenses and deferred charges	5,200.	9	7,046.
10	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,512,615.		- 1	
	b	Less: accumulated depreciation 10b 915,150.	617,001.	10c	597,465
11	1	Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	Investments - program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11	4,643.	15	42,621
16	6	Total assets. Add lines 1 through 15 (must equal line 33)	984,067.	16	1,022,783
17	7	Accounts payable and accrued expenses	17,924.	17	38,113.
18	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ပ္မ 22	2	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
휼		controlled entity or family member of any of these persons		22	
23		Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	4 642		
١	_	of Schedule D	4,643.		2,032
26	6	Total liabilities. Add lines 17 through 25	22,567.	26	40,145
ا م		Organizations that follow FASB ASC 958, check here			
할	_	and complete lines 27, 28, 32, and 33.	TEC 220	100	740 404
E 27		Net assets without donor restrictions	756,339.	-	749,494.
28	В	Net assets with donor restrictions	205,161.	28	233,144
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
<u> </u>	_	and complete lines 29 through 33.			
29	9	Capital stock or trust principal, or current funds		29	
) 30		Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets of Fund Balances 25 23 31 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Retained earnings, endowment, accumulated income, or other funds	061 500	31	000 633
	2	Total net assets or fund balances	961,500.	32	982,638
33	3	Total liabilities and net assets/fund balances	984,067.	33	1,022,783.

1,022,783. Form **990** (2023)

sign Envelope ID: 001913CE-B8DE-4B6B-B3I Girls Inc of Pinellas	BA-AA73EB96962C Girls Inc of Pinellas	Girls Inc of Pinellas
	NCORPORATED OF PINELLAS	
Form 990 (2023) GIRLS I	NCORPORATED OF PINELLA'S ets Pinellas Park, FL 33781	7700.61st Street North 59-0970201 Pinellas Park, FL 33781
Check if Schedule O contains a re	esponse or note to any line in this Part XI	<u>X</u>
1 Total revenue (must equal Part VIII, colu	mn (A), line 12)	703,977
1 Total revenue (must equal Part VIII, colu 2 Girls Inc of Pinellas 2 Girls are penses (must equal Part IX, colu	umn (A), line 25) Girls Inc of Pinellas	2 diris inc of Alberta 32
/3/Up by a steril steril subtract line 2	from line 1 7700 61st Street North	7300 61st Street Nosth
Pinelless Satskorffund 378 fices at beginnin	g of year (mus PeipusillesrPajrik e B b, 3-317861 (A))	Panellas Park9 511.3 35/080
5 Net unrealized gains (losses) on investm		5
6 Donated services and use of facilities		6
8 GiPhol nerion Rimellasits	Girls Inc of Pinellas	8Girls Inc of Pinellas
797 புரிந்தோகு அள்வுக்கு assets or fund ball	ances (explain 7760 614 9treet North	79/00 61st Stree No Pis
19 Net assets or fund balances at end of ye	ear. Combine lipen a lity supply A (met 3948 Part X, line 32,	1 1
column (B))	PROCESSOR AND	Pinellas Park, FL 33781 982, 638
Part XII Financial Statements and	Reporting	
	sponse or note to any line in this Part XII	
Girls Inc of Pinellas	Girls Inc of Pinellas Form 990: 7700 61st Street North of accounting from a prior year or checked "Other," explain on Scients compiled on evidence by an independent accountant?	Girls Inc of Pineffas No
7700 61st Street North	Form 990: 7700 61st Street North Other	7700 61st Street North
Pinellas Park Fl. 33781	on accounting from a prior year or checked "Other," explain on Sci	Pinellas Park, FL 33784
If "Yes." check a box below to indicate a	whether the financial statements for the year were compiled or re-	viewed on a
separate basis, consolidated basis, or b	oth:	newed on a
Separate basis Consoli	dated basis	
GWeren Georganical Statem	ents audited by an inbehenoont accountant?	Girls Inc of Pine las
7700 62est Sheelea Booldhow to indicate w	whether the fin 2.7010 states hatter a tilled Eth were audited on a se	parate bas Q0 61st Street North
PinedesoPeatko Flass3989th:	Pinellas Park, FL 33781	Pinellas Park, FL 33781
	dated basis	
review, or compilation of its financial sta	tements and selection of an independent accountant?	or the audit,
Gifts to get a tipe than ged either its over	ersight process o Gairle the control of the control	n Schedule Orls Inc of Pinellas
390 Ascares utto La federal award, was the o	rganization required to undergo an audit or audits as set forth in t	he 7700 61st Stroot North
Pinellas Park, Fl. 33/81, R. Part 200, St	ubpart F?Pinellas: Park, FL 33781e required audit or audits? If the organization did not undergo the	Pinellas Park ³² 3378
b If "Yes," did'the organization undergo th	e required audit or audits? If the organization did not undergo the	required audit
or audits, explain why on Schedule O an	d describe any steps taken to undergo such audits	
		Form 990 (202
Girls Inc of Pinellas	Girls Inc of Pinellas	Girls Inc of Pinellas
7700 61st Street North	7700 61st Street North	7700 61st Street North
Pinellas Park, FL 33781	Pinellas Park, FL 33781	Pinellas Park, FL 33781
Girls Inc of Pinellas	Cirls Inc of Dinalles	Ciple Inc of Direction
	Girls Inc of Pinellas	Girls Inc of Pinellas
7700 61st Street North	7700 61st Street North	7700 61st Street North
Pinellas Park, FL 33781	Pinellas Park, FL 33781	Pinellas Park, FL 33781
Girls Inc of Pinellas	Girls Inc of Pinellas	Girls Inc of Pinellas
7700 61st Street North	7700 61st Street North	7700 61st Street North
Pinellas Park, FL 33781	Pinellas Park, FL 33781	Pinellas Park, FL 33781
	i iliciias Faik, FL 33/01	riliciias raik, FL 33/81
Girls Inc of Pinellas	Girls Inc of Pinellas	Girls Inc of Pinellas
	Girls Inc of Pinellas 7700 61st Street North	
Girls Inc of Pinellas 7700 61st Street North Pinellas Park, FL 33781		Girls Inc of Pinellas 7700 61st Street North Pinellas Park, FL 33781

SCHEDULE A (Form 990)

(....

Total

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

59-0970201 GIRLS INCORPORATED OF PINELLAS Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 💹 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2023 G Part II Support Schedule for	IRLS INCO				59-097 1 70(b)(1)(A)(v i	
(Complete only if you checke fails to qualify under the tests				n failed to qualify u	inder Part III. If the	organization
Section A. Public Support	s listed below, pleas	se complete Part I	11.)			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(4) 2013	(0) 2020	(6) 2021	(4) 2022	(e) 2023	(i) Total
membership fees received. (Do not						-
include any "unusual grants.")	647,309.	588,406.	707,580.	649,472.	665,143.	3257910.
2 Tax revenues levied for the organ-		·				
ization's benefit and either paid to	4.5		1	2.5		
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	647,309.	588,406.	707,580.	649,472.	665,143.	3257910.
5 The portion of total contributions	1					
by each person (other than a						
governmental unit or publicly						
supported organization) included		S. 1				
on line 1 that exceeds 2% of the						
amount shown on line 11,				1000		
column (f)						327,258.
6 Public support. Subtract line 5 from line 4. Section B. Total Support						2930652.
	4.10040	# L 0000	4) 0004	I / n 0000	(1,0000	In Table
Calendar year (or fiscal year beginning in)	(a) 2019 647, 309.	(b) 2020 588, 406.	(c) 2021 707,580.	(d) 2022 649,472.	(e) 2023 665,143.	(f) Total 3257910.
7 Amounts from line 48 Gross income from interest,	047,309.	300,400.	707,300.	045,472.	003,143.	3237310.
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources		1.	10.	996.	7,746.	8,753.
9 Net income from unrelated business					.,	
activities, whether or not the						
business is regularly carried on	1,117.					1,117.
10 Other income. Do not include gain						
or loss from the sale of capital					1	
assets (Explain in Part VI.)	9,739.	11,079.	36,886.	39,839.	21,761.	119,304.
11 Total support. Add lines 7 through 10						3387084.
12 Gross receipts from related activities,					12	245,759.
13 First 5 years. If the Form 990 is for the						
organization, check this box and stop	p here		***********			
Section C. Computation of Publi					11	06 50
14 Public support percentage for 2023 (I					14	86.52 %
15 Public support percentage from 2022					15	86.62 %
16a 33 1/3% support test - 2023. If the			•	I .	·	
stop here. The organization qualifies b 33 1/3% support test - 2022. If the						
and stop here. The organization qual						
17a 10% -facts-and-circumstances test						
and if the organization meets the fact						
meets the facts-and-circumstances te					VI HOW the organiz	
b 10% -facts-and-circumstances test		II		- 137 Maria - 11 Maria		
more, and if the organization meets the						
organization meets the facts-and-circle				5 11 225		
18 Private foundation. If the organization						
						(Farm 000) 2022

59-0970201 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	low, please com	plete Part II.)		-		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and		1-7	107-0-1		15/222	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,					<u> </u>	
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				1. 3.3.		
ization's benefit and either paid to						
or expended on its behalf				2		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						ii.
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				11		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 5.)				111		- 1
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	10,2010	(6) 2020	(6) 2021	(u) zozz	(6) 2020	(i) Total
10a Gross income from interest.						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses				*		
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b.						
whether or not the business is				L'ite	-	1.0
regularly carried on				<		
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
check this box and stop here					,	
Section C. Computation of Public	Support Per	rcentage		7.1		***************************************
15 Public support percentage for 2023 (lir	ne 8. column (f), c	divided by line 13 o	column (fl)		15	%
16 Public support percentage from 2022			Oldinii (i)		16	%
Section D. Computation of Invest					1 10 1	70
17 Investment income percentage for 202			as 12 polumn (f)		17	%
18 Investment income percentage from 2						
					18	%
19a 33 1/3% support tests - 2023. If the c						/ IS NOT
more than 33 1/3%, check this box and	II II -					<u>.</u>
b 33 1/3% support tests -: 2022. If the c					•	and
line 18 is not more than 33 1/3%, chec			-		•	,,,,,,
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in		
332023 12-21-23			2.50		Cobodulo	A /Earm 000) 2022

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? |f "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

-		Yes	No
	1		
	2		
	3a		_
	eri j		
	3b		
	3c		
	-		
	4a		
	4b		
	4c		
			1 7
	5a		
	Ja		
	<u>5b</u>		
	5c		
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	8		
	100	8 1	2 10
	9a		
	9b		
			Will.
	9c		
	10a		
	10b		les -
edul	e A (For	m 990) 2023

	dule A (Form 990) 2023 GIRLS INCORPORATED OF PINELLAS 59-0	97020	1 Pa	ige 5
Par				
			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			_
74,7	Jip w sapparation		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 3		
			128	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations		_	
	7) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No
4	Did the organization provide to each of its supported examinations, but he had day of the fifth month of the		165	140
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		1	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	-	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		9 1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	11 8		
	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	100		
-	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	1	L
Sect	tion 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 instruction	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	Tich.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	×		
	the supported 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,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	12.5		100
2	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			1
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
il.	of its supported organizations? If "Vee " describe in Part VI the role placed by the erganization in this regard	3h		

332025 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 GIRLS INCORPORATE	OF PINELLA	AS	59-0970201 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organ	izations	
Check here if the organization satisfied the Integral Part Test as All other Type III non-functionally integrated supporting organization.	a qualifying trust on I ations must complete	Nov. 20, 1970 (explain in Sections A through E.	Part VI). See instructions
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		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		g.
5 Depreciation and depletion	5	X 1	
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 instruction)	ns) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		-
ection 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):			
a Average monthly value of securities	1a	10 10 10	
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	T Ý	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater as see instructions).			
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount	i i		Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
P. Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A			
Enter greater of line 2 or line 3.	4		3
Income tax imposed in prior year	5	1984 1985 198	(0)
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non instructions).		Type III supporting orga	nization (see

Schedule A (Form 990) 2023

59-0970201 Page 7 GIRLS INCORPORATED OF PINELLAS schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 _7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 b From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023	GIRLS INCORPORATED OF PINELLAS	59-0970201 Page 8
Part VI Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Information. Provide the explanations required by Part II, line 10; I, lines 1, 2, 3b, 3c, 4b, 4c; 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, stion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this pa	Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)		
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER	INCOME:
MISCELLANEOUS		
2019 AMOUNT: \$	9,739.	<u>.</u>
2020 AMOUNT: \$	2,895.	
2021 AMOUNT: \$	2,261.	*
2022 AMOUNT: \$	1,889	
2023 AMOUNT: \$	1,646.	
FUNDRAISING REVE	ENUE	
2020 AMOUNT: \$	8,184.	Ì
2021 AMOUNT: \$	34,625.	
2022 AMOUNT: \$	37,950.	V
2023 AMOUNT: \$	20,115.	
		Nati
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Name of the organization		Employer identification number
. For all G	IRLS INCORPORATED OF PINELLAS	59-0970201
Organization type (check	one):	· ·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	162
	501(c)(3) taxable private foundation	
		7 X
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		41
sections 509(a)(1	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a get the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (7) Z, line 1. Complete Parts I and II.	nd that received from any one
contributor, durir	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from go the year, total contributions of more than \$1,000 exclusively for religious, charitable, stional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	scientific,
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled in the here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because in the old, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P ng requirements of Schedule B (Form 990).	

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

	B (Form 990) (2023) organization			Emple	Page byer identification number
	INCORPORATED OF	PINELLAS) – 0970201
Part I	Contributors (see instruc	tions). Use duplicate copies of Part I if add	ditional space is needed.		
(a) No.	Name,	(b) address, and ZIP + 4	(c) Total contr		(d) Type of contribution
1			_		Person X
			\$ <u>10</u>	14,140.	Noncash (Complete Part II for noncash contributions.)
(a) No.	Name,	(b) address, and ZIP + 4	(c) Total contr		(d) Type of contribution
2	2				Person X
2			\$ 7	5,000.	Payroll Noncash (Complete Part II for
			//		noncash contributions.)
(a) No.	Name,	(b) address, and ZIP + 4	(c) Total contr		(d) Type of contribution
3			s6	1,965.	Person X Payroll Noncash (Complete Part II for
A 15	-		_		noncash contributions.)
(a) No.	Name,	(b) address, and ZIP + 4	(c) Total contr		(d) Type of contribution
4	r <u>a</u>				Person X
		4 76.	\$5	0,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name,	(b) address, and ZIP + 4	(c) Total contr		(d) Type of contribution
			_		Person X
			\$4	4,916.	Payroll Noncash (Complete Part II for noncash contributions.)
(a)	F	(b)			
No.	Name,	address, and ZIP + 4	Total contr		(d) Type of contribution
6				4,898.	Person X Payroll Noncash
		16.0	_ "	_,050.	(Complete Part II for

noncash contributions.) Schedule B (Form 990) (2023)

	3 (Form 990) (2023)			Page 2
Name of or	ganization			Employer identification number
GIRLS	INCORPORATED OF	PINELLAS		59-0970201
Part I	Contributors (see instructi	ons). Use duplicate copies of Part I if addi	tional space is needed.	ng/F
(a)		(b)	(c)	(d)
No.	: Name,	address, and ZIP + 4	Total contributions	Type of contribution
7	Э П		\$26,01	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, a	(b) address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			\$20,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name,	(b) address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			\$18,50	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, a	(b) address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
				Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, a	(b) address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
** * 3		1 × 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, a	(b) address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		8 - 2 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Name of organization

Employer identification number

GIRLS INCORPORATED OF PINELLAS

59-0970201

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
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-		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	- (d) Date received
		*	

	B (Form 990) (2023)		Page 4			
Name of o	rganization	**	Employer identification number			
GIRLS	INCORPORATED OF PINELL	24	59-0970201			
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in section 5	Otic)(7) (8) or (10) that total more than \$1,000 for the year			
2).	from any one contributor. Complete columns (a	t) through (e) and the following line entry. For	organizations the year. (Enter this info, once.)			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	(2) Dood spirot of now gire it held			
4	·	-	 			
	1 × 2 · 1	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transferee's flame, address, a	ind ZIP + 4	Relationship of transferor to transferee			
- 1						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	2	(e) Transfer of gift				
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	73					
=						
(a) No.		1				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- 1						
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Ī	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
			- 17			
(a) No. from Part I	(b) Purpose of gift	(a) I los es sist	(A) Description of Law 184 : 1 - 1 - 1			
Part I	(b) i dipose of gift	(c) Use of gift	(d) Description of how gift is held			
		i				
a V/S						
46.	\$ - x= - + 2 1	(e) Transfer of gift				
,			X To an analysis of the second			
F 1-0	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
8.6						
23454 12-26-2	23		0 0 0 0 0 0 0 0 0			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2023 Open to Public

Open to Public Inspection

Name of the organization Employer identification number GIRLS INCORPORATED OF PINELLAS 59-0970201 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements **b** Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 GIRLS I rt III Organizations Maintaining (NCORPORATE	D OF PINE	LAS easures. o	r Othe	59- r Similar Ass	097020	1 F	Page 2	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that	make s	ignificant use of	its	nuea)		
	collection items (check all that apply).									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
C	Preservation for future generations									
4	Provide a description of the organization's of	ollections and explai	n how they further	the organization	n's exer	npt purpose in I	Part XIII.			
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
-	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	irt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for contributio	ons or other as	sets not	included				
	on Form 990, Part X?						Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
							Amour	nt		
C	***************************************					1c				
d	Additions during the year	*************************	***************************************			1d				
e	Distributions during the year					1e			*1	
T	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial acco	unt liabil	ity?	Yes		No	
Pa	If "Yes," explain the arrangement in Part XIII T V Endowment Funds Complete it	Check here if the ex	planation has beer	provided in P	art XIII					
	t V Endowment Funds Complete in			orm 990, Part I	V, line 1	0. 4 n Thursday	Llave			
19	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two year	S Dack	(d) Three years b	ack (e) Fol	r years	back	
h										
	Contributions			1						
4	Grants or scholarships									
- -	Other expenditures for facilities			+						
•				l J						
f	and programs Administrative expenses			- 1			_			
g	End of year balance				+		_		_	
2	Provide the estimated percentage of the cur	ent year end balance	l dino 1a column (s)) hold oo:				_		
а	Board designated or quasi-endowment	che year end balanci	% Columnia	i)) neid as:						
b	Permanent endowment	%	— /*							
С		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%		1).					
3a	Are there endowment funds not in the posse		ition that are held a	nd administer	ed for th	e				
	organization by:	VALUE 1 3 1 1 1 1 1 1 1 1		are administration	5 <u>0</u> 101 tr			Yes	No	
	(i) Unrelated organizations?						3a(i)	77		
	(II) Helated organizations?						39(ii)			
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.	7					_	
Par	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X,	line.10.				
	Description of property	(a) Cost or o		t or other		ccumulated	(d) Boo	k valu	e	
	3- 4.5 I I I	basis (investn	nent) basis	(other)	de	preciation	(-,			
1a	Land			30,000.	yl, iii		8	0,0	00.	
b	Buildings			2,748.	(70,024.		2,7		
C	Leasehold improvements				ųi					
ď	Equipment	10	16	6,848.	. 1	24,733.	4	2,1	15.	
e	Other	16	15	3,019.		20,393.	3	2,6	26.	
Total.	Add lines 1a through 1e. (Column (d) must ex	gual Form 990, Part	X. line 10c. column	(B))	lllə			7,4		

Schedule D (Form 990) 2023

(a) Description of security or category (including	answered "Yes" or	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
n ri		(b) Book value	(c) Method of Valdation, cost of	or crid of your market value
Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
007				
(D)				
(E)				
(F)				
(G)				
(H)	. 10 1 (D))			
otal. (Col. (b) must equal Form 990, Part X, lin Part VIII Investments - Program	n Polated			
		Form 000 Part IV line	11c. See Form 990, Part X, line 13.	
(a) Description of investmer		(b) Book value	(c) Method of valuation: Cost	or and of year market value
Garani		(D) DOOK VAIDE	(c) Mediod of Valuation. Cost (or original year market value
(1)				
(2)				
(3)				
(4)				
(5)	4/		1	
(6)	++			
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, lin	ie 13, col. (B))			
Part IX Other Assets				
Complete if the organization			11d. See Form 990, Part X, line 15.	
Complete if the organization		n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization			11d. See Form 990, Part X, line 15.	(b) Book value
LDM99			11d. See Form 990, Part X, line 15.	(b) Book value
(1)			11d. See Form 990, Part X, line 15.	(b) Book value
(1)			11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)			11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)			11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)			11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)			11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)			11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, P	(a) D	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, P	(a) D	escription		(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization	(a) D Part X, line 15, col. answered "Yes" or	escription (B))		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization (a) Description	(a) D Part X, line 15, col. answered "Yes" or	escription (B))		ne 25:
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization (a) Description (1) Federal income taxes	(a) D Part X, line 15, col. answered "Yes" or	escription (B))		ne 25: (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Fort X Other Liabilities Complete if the organization (a) Description (1) Federal income taxes (2) LEASE LIABILITY (3)	(a) D Part X, line 15, col. answered "Yes" or	escription (B))		ne 25: (b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization (a) Description (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5)	(a) D Part X, line 15, col. answered "Yes" or	escription (B))		ne 25: (b) Book value

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Schedule D (Form 990) 2023

Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 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 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIII.)	-	art XI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn	970201 Pag
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 8 Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year garants d Other (Describe in Part XIII) 2 Add lines 2 through 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and included on Form 990, Part VIII, line 70 b Other (Describe in Part XIII) 5 Total recovers of a and 40 5 Total recovers of a line 3 and 4e, (This must squal Form 990, Part IV, line 12a. 1 Total expenses and losses per addictif framed financial Statements with Expenses per Return Complete if the organization answered Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per addictif framed Istalements Complete if the organization answered Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per addictif framed Istalements Complete if the organization answered Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses of facilities 2 Amounts included on line 1 but not on Form 990, Part IV, line 25a. 2 Include services and use of facilities b Prior year adjustments c Cither losses d Other (Describe In Part XIII) c Add lines 2 through 2d 3 Subtract line 2e from line 1 3 Total expenses and lines 2 and 4e, This must equal Form 990, Part IV, line 15a 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 5 Total expenses and lines 3 and 4e, This must equal Form 990, Part IV line 1s) 4 Amounts included on Form 990, Part IV, line 7b 5 Total expenses and lines 3 and 4e, This must equal Form 990, Part IV, line 1s) 6 Total expenses and lines 3 and 4e, This must equal Form 990, Part IV line 1s) 7 Total expenses and lines 3 and 4e, This must equal Form 990, Part IV line 1s) 8 Total expenses and lines 4e and 4b 9 Total expenses and lines 5 and 4e, This must equal Form 990, Part IV line 1s) 9 Total expen			2a.	1 0 1		
a Net unrealized gains (losses) on investments bonated services and use of facilities c Recoveries of prior year grants c Recoveries c Recoveries of prior year grants c Recoveries of prior year grants c Recoveries c Recov	_				⊪1	722,47
b Donated services and use of facilities C Recoveries of prior year grants d Other (Describe in Part XIII) A did lines 2a through 2d S Subtract line 2e from line 1 A mounts included on Form 930, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 930, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 930, Part VIII, line 7b b Other (Describe in Part XIII) C Add lines 4a and 4b S Total reversure. Add lines 3 and 4e, Cfibis must equal Form 930, Part IV, line 12a Complete if the organization answered Yes' on Form 930, Part IV, line 12a Complete if the organization answered Yes' on Form 930, Part IV, line 12a Complete if the organization answered Yes' on Form 930, Part IV, line 12a 1 Total expenses and loses per audited financial Statements 2 Amounts included on Sen 1 but not on Form 930, Part IV, line 12a 1 Total expenses and loses of facilities b Prior year adjustments 2 Other (Describe In Part XIII) A did lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 930, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 950, Part IV, line 27b b Other (Describe In Part XIII) A did lines 4a and 4b 5 Total expenses Add lines 3 and 4e, Cfibis must equal Form 930, Part I, line 12 Part XIII (Supplemental Information Provide the descriptions required for Part IV, line 25, but not on line 1: a Investment expenses not included on Form 930, Part II, lines 7b b Other (Describe In Part XIII) C Add lines 4a and 4b 5 Total expenses Add lines 3 and 4e, Cfibis must equal Form 930, Part I, line 12 line 12 line 13 lines 14 line 14 lines 14 lines 15 lines 14 lines 15 lin		Net uprealized gains (leases) on investments	1 1			
c. Recoveries of prior year grants d. Other (Describe in Part XIII) e. Add lines 2a through 2d d. 3. Subtract line 2e from line 1 d. Amounts included on Form 990, Part VIII, line 12, but not on line 1: d. Amounts included on Form 990, Part VIII, line 7b b. Other (Describe in Part XIII) c. Add lines 4 and 4b 5. Total reversus, Add lines 2 and 4c, This must soul Form 990, Part VIII, line 7b Complete if the organization answered Yes' on Form 990, Part VIII ine 12. 1. Total expenses and loses per audited financial statements Complete if the organization answered Yes' on Form 990, Part IV, line 25: a Donated services and uses per audited financial statements Complete if the organization answered Yes' on Form 990, Part IV, line 12a 1. Total expenses and loses per audited financial statements Complete if the organization answered Yes' on Form 990, Part IV, line 25: a Donated services and use of facilities c. Other losses c. Other losses d. Other (Describe in Part XIII) e. Add lines 2a through 2d d. Subtract line 2e from line 1 d. Amounts included on Form 990, Part IV, line 25, but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b b. Other (Describe in Part XIII) c. Add lines 2a and 4b d. Subtract line 2e from line 1 d. Add lines 2a and 4b d. Subtract line 2e from line 1 d. Amounts included on Form 990, Part IV, line 7b b. Other (Describe in Part XIII) c. Add lines 2 and 4c. (This must exaul Form 990, Part IV, lines 1b and 2b; Part V, line 4. Part X, line 2; Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part XIII Supplemental Information OF TAMPA BAY (CPTB) HOLDS TWO FUNDS DESIGNATED A BENEFITING GIRLS INCORPORATED OF PINELLAS (THE ORGANIZATION). CFTB HAS VARIANCE POWER OVER THESE FUNDS, WHICH ALLOWS CFTB TO MODIFY ANY RESTRICTIONS ON THE FUNDS, INCLUDING REDESIGNATING THE FUNDS TO ANOTHER BENEFICIARY ORGANIZATION, AS DETERMINED BY THE SOLE JUDGMENT OF THE CFTB* THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES		Donated services and use of facilities	2a	10 500		
d Other (Describe in Part XIII) e Add lines 2 at brough 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4e, ITDis must equal Form 990, Part IV, line 12a. 1 Total expenses and expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered Yes' on Form 990, Part IV, line 12a. 1 Total expenses and loss see pre audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and loss see pre audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Pitor year adjustments c Other losses d Other (Describe in Part XIII), d Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25: a linvestment expenses not included on Form 990, Part IV, line 1:2 a linvestment expenses not included on Form 990, Part IV, line 1:2 a linvestment expenses not included on Form 990, Part IV, line 1:2 a linvestment expenses not included on Form 990, Part IV, line 1:3 a linvestment expenses not included on Form 990, Part IV, line 7:5 b Other (Describe in Part XIII), c Add lines 2d through 2d c 2e 18,5 c 718,4 Fort XIII Supplemental Information Provide the descriptions required for Part IV, line 25, but not on line 1: a linvestment expenses not included on Form 990, Part VIII, lines 1:a and 4; Part IV, lines 1:b and 2:b; Part X, line 2; Part X, line 2	,	Recoveries of prior year grants	2b	18,500.	- 1	
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Schedule D (Form 990) 2023 GIRLS INCORPORATED OF PINELLAS Part XIII Supplemental Information (continued)	59-0970201 Page 5
INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING I	
THE ORGANIZATION IS SUBJECT TO THE ACCOUNTING STANDA	ARDS ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BEI	LIEVE IT HAS TAKEN ANY
TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGI	REE OF UNCERTAINTY. THE
ORGANIZATION'S INCOME TAX FILINGS FOR PERIODS AFTER	THE FISCAL YEAR ENDED
SEPTEMBER 30, 2020 REMAIN SUBJECT TO EXAMINATION.	
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification numb Sp - 0 9 70 20 1	Department of the Treasury Internal Revenue Service Go	to www.irs.g	Attach to Form ov/Form990 for					nation		Open to Public Inspection
Part I Fundraising Activities. Complete if the organization answered "Ves" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations	lame of the organization						12 (4:55)		Employer id	
required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of one-government grants b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with professional fundraising services? Yes No b if 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) Yes No (ii) Activity Yes No (iv) Amount paid or entity (fundraiser) Yes No (iii) Activity Yes No (iv) Amount paid or entity (fundraiser) Yes Yes (iv) Amount paid or entity (fundraiser) Yes Yes (iv) Amount pa	Fundraising Activities	 Complete if 	the organization	answe	ered "Y	es" or	i Form 990, Pai	t IV, li	ne 17. Form 990-E	Z filers are not
a Mall solicitations c Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundrishing events d Imperson solicitations g Special fundrishing events d Imperson solicitation was a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundralser) Gill Activity Gill Activity Gill Gill Gill Gill Gill Gill Gill Gi			ough any of the fo	ollowin	ng activ	ities. (Check all that a	polv.		4
c Phone solicitations g Special fundralising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundralising services? Yes No If Yes, Iths the 10 highest paid individuals or crititise (fundralisers) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraliser) (ii) Activity (iii) Organization (iv) Gross receipts or entity (fundraliser) (iv) Amount paid form activity (iv) Amount paid form activity (iv) Amount paid form activity (iv) Amount paid (iv) Amount paid (iv) Activity (iv) Amount p	7									
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key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves bif "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$\$.000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Grown custody or entity (fundraiser) (iv) Amount paid to (or retained by from activity from activity is listed in c.o. (i) organization (iii) Activity (iv) Amount paid to (or retained by from activity is listed in c.o. (i) organization (iv) Amount paid to (or retained by from activity is listed in c.o. (ii) organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) Activity organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) Activity organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) Activity organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) Activity organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) Activity organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) Activity organization (iv) Amount paid to (or retained by from activity is listed in c.o. (iii) Amount paid to (or retained by from activity is listed in c.o. (iii) Amount paid to (or retained by from activity is listed in c.o. (iii) Amount paid to (or retained by from activity is listed in c.o. (iii) Amount paid to (or retained by from activity is listed in c.o. (iii) Amount paid to (or retained by from activity is listed in c		or oral agreem		احتيامات	(in a l		£:		_ ~	
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(ii) Activity individual or entity (fundraiser) (iii) Activity individual or entity (fundraiser) (iv) Government of the control of the contro					(iii)	Did			(v) Amount paid	1.24
Otal 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			(ii) Activity	fundraiser have custod		aiser ustody			to (or retained by	to (or retained by
total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	or entity (idiloraiser)				or cor	or control of ITOTTI activity		у		organization
Social 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.					Yes	No				
Social 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.		5.7								
Social 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										1
Social 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	*1					_				
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	3	-					-			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	Total									
						utions	or has been no	tified	it is exempt from	registration
	or licensing.									
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		71								
or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990) 2										

Sch	iedule	G (Form 990) 2023 GIRL	S INCORPORATED	OF PINELLAS	59-	0970201 Page 2
P	art II	Fundraising Events. Completed fundraising event contributions a	ete if the organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
	1/8	or informing event communities a	(a) Event #1	(b) Event #2 STEM	(c) Other events NONE	(d) Total events (add col. (a) through
Revenue	e am		GALA (event type)	LUNCHEON (avent type)	(total number)	col. (c))
	Santin		(event type)	(event type)	(total number)	
	1	Gross receipts	105,958.	56,570.	<u>-1- a</u>	162,528.
	2	Less: Contributions	89,363.	53,470.		142,833.
	3	Gross income (line 1 minus line 2)	16,595.	3,100.		19,695.
	4	Cash prizes				
92	5	Noncash prizes	8,945.			8,945.
xpense	6	Rent/facility costs	5,803.	3,750.	1 1 1 1	9,553.
Direct Expenses	7	Food and beverages	9,006.	3,055.		12,061.
		Entertainment	1,500.		9	1.500.
		Other direct expenses			7	1,500. 3,649.
		Direct expense summary. Add lines 4 tl	brough O in anti-man (d)			35,708.
ъ.	11	Net income summary. Subtract line 10				-16,013.
Pa	art III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a.	ration answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
_		ψ13,000 011 0111 930-EZ, life θa.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>~</u>	1 (Gross revenue	******		- K	
SS	2 (Cash prizes				
Direct Expenses	3 1	Noncash prizes				
Direct E	4 F	Rent/facility costs				
		Other direct expenses				
	,	outer direct expanses	Yes %	Yes %	Yes %	
	6, \	Volunteer labor	No No	No No	No No	
	7 [Direct expense summary. Add lines 2 th	nrough 5 in column (d)	3		
	20.02	a w a sa sa sanara				
_	8 1	Net gaming income summary. Subtract	line 7 from line 1, column (d)	***************************************		
9	Ente	r the state(s) in which the organization	conducts somine estivition.			
		e organization licensed to conduct gam		rtatos?		Yes No
		o," explain:		states:		res No
		e any of the organization's gaming licen	ises revoked, suspended, or te	rminated during the tax y	rear?	Yes No
þ	If "Ye	es," explain:				
	-				-	
.5	2					
1000	22 00 1	2.00				1 1 0 / 0001 0000

Schedule G (Form 990) 2023 GIRLS INCORPORATED OF PINELLAS	59-0970201 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity to	formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue? Yes No
I Million II and a Maria and a final and a	
	nd the amount
of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:	
C ii Tes, enter name and address of the third party:	
Name	
Traine,	
Address	
16 Gaming manager information:	
Name	
	24
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	×
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	*
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year \$	or spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III, lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, (-),
	У.
	<u> </u>
	8 1 102
	8 ×

Chedule G (Form 990) GIRLS INCORPORATED OF PINELLAS Part IV Supplemental Information (continued)	59-0970201	Page 4
Part IV Supplemental Information (continued)		
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		177
73		
	Schedule G (Form 96

SCHEDULE O (Form 990)

SCHEDULE O Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GIRLS INCORPORATED OF PINELLAS

Employer identification number 59-0970201

FORM 990, PART VI, SECTION A, LINE 1A:

THE OFFICERS SERVE AS MEMBERS OF THE EXECUTIVE COMMITTEE. EXCEPT FOR THE

POWER TO AMEND THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE

POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE INTERVALS BETWEEN

MEETINGS OF THE BOARD OF DIRECTORS. HOWEVER, ANY NEW ACTIONS TAKEN BY THE

EXECUTIVE COMMITTEE REQUIRING APPROVAL BY THE BOARD OF DIRECTORS MUST BE

RATIFIED AT THE NEXT SCHEDULED BOARD OF DIRECTORS MEETING. IN THE

CIRCUMSTANCE THAT IMMEDIATE ACTION IS NECESSARY, THE EXECUTIVE COMMITTEE

SHALL ATTEMPT TO CONVENE A SPECIAL BOARD MEETING WITH A QUORUM PRIOR TO

PROCEEDING. THE EXECUTIVE COMMITTEE SHALL NOT CHANGE ANY ACTIONS TAKEN

PREVIOUSLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR AND THE BOARD REVIEW THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, DURING THE BOARD OF DIRECTORS' ANNUAL RETREAT, ALL BOARD MEMBERS

ARE REQUIRED TO REVIEW, SIGN, AND SUBMIT THE CONFLICT OF INTEREST POLICY.

THIS ENSURES THAT EVERY DIRECTOR IS REMINDED OF THEIR OBLIGATION TO

DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS AND TO ACT IN THE BEST INTEREST

OF THE ORGANIZATION.

AS PART OF THE ONBOARDING PROCESS, ALL NEWLY APPOINTED BOARD MEMBERS

RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO

READ, UNDERSTAND, AND SIGN THE POLICY BEFORE BEGINNING THEIR OFFICIAL BOARD

SERVICE.

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

Schedule O (Form 990) 2023

Certificate Of Completion

Envelope Id: 001913CE-B8DE-4B6B-B3BA-AA73EB96962C

Subject: ** 990 Exempt Return for Giris Incorporated of Pinellas A132148 09.30.24

Client Name: Girls Incorporated of Pinellas

Client Number: A132148

Source Envelope:

Document Pages: 79

Certificate Pages: 5

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:

CLA Operations (Amanda Montez)

220 \$ 6th St Ste 300

Minneapolis, MN 55402-1418 Amanda Montez@claconnect.com

IP Address: 40.83.141.201

Record Tracking

Status: Original

8/8/2025 11:45:42 AM

Holder: CLA Operations (Amanda Montez) Amanda.Montez@claconnect.com Location: DocuSign

Signer Events

Darla Otey-Murphy

dotey@girlsinc-pinellas.org

Executive Director

GIRLS INC OF PINELAS

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure:

(None), Access Code

Signature

Signatures: 3

Initials: 1

Darla Otcy-Murphy

Signature Adoption: Pre-selected Style

Using IP Address: 107.144.5.210

Timestamp

Sent: 8/8/2025 11:52:22 AM

Viewed: 8/8/2025 11:54:23 AM Signed: 8/8/2025 11:54:40 AM

Accepted: 5/5/2021 11:36:07 AM ID: 997f064b-7ca4-44af-bb45-3fc3198566b6

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status **Status** **Timestamp**

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Brady Benton

Brady.Benton@claconnect.com

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure: Not Offered via Docusign

Tina Henton

tina.henton@claconnect.com

Principal

Security Level: Email, Account Authentication, (None)

Electronic Record and Signature Disclosure:

Accepted: 12/11/2023 3:12:19 PM ID: 41aa8de0-a7d0-46c9-9413-749a8f20c72f COPIED

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Timestamp

Sent: 8/8/2025 11:52:22 AM

Sent: 8/8/2025 11:52:22 AM

Witness Events

Signature

Finiestamp

Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/8/2025 11:52:23 AM
Certified Delivered	Security Checked	8/8/2025 11:54:23 AM
Signing Complete	Security Checked	8/8/2025 11:54:40 AM
Completed	Security Checked	8/8/2025 11:54:40 AM
		¥- *
Payment Events	Status	Timestamps
Electronic Record and Signature	Disclosure	

84 V 2

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
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