# PUBLIC DISCLOSURE COPY

EXTENDED TO JUNE 15, 2023

**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.

**Open to Public** 

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2022 A For the 2021 calendar year, or tax year beginning AUG 1, 2021 and ending JUL 31, Check if applicable C Name of organization D Employer identification number Address change GIRLS INCORPORATED OF CHATTANOOGA Name change 62-0647145 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (423)624 - 47574505 BRAINERD ROAD, SUITE 110 1,276,580. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 37411 CHATTANOOGA, TN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHOSHANNAH R. Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.GIRLSINCOFCHATT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1961 M State of legal domicile: TN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SINCE 1961, GIRLS INC. OF **Activities & Governance** CHATTANOOGA HAS SERVED MORE THAN 28,000 GIRLS FROM ACROSS if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 35 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 896,275.  $1,040,\overline{127}$ Contributions and grants (Part VIII, line 1h) 8 29,888. 33,291. Program service revenue (Part VIII, line 2g) 31,307. 14,746. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -13,535. 34,695. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 943,935. 1,122,859. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 656,677. 753,556. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 196,468. 251,161. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,004,717. 853,145. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 90,790. 118,142. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 1,500,647. 1,593,263. Total assets (Part X, line 16) 70,840. 101,471. 21 Total liabilities (Part X, line 26) 三年 429,807. 491,792 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SHOSHANNAH R. WALKER, CFO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name MATTHEW T. HISEY 06/12/23 self-employed P01293572 MATTHEW T. HISEY Paid Firm's name ► MAULDIN & JENKINS, LLC Firm's EIN ▶ 58-0692043 Preparer Firm's address 200 W M.L.K. BLVD, STE 1100 Use Only Phone no. 423-756-6133 TN 37402-1239 CHATTANOOGA,

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Form 990 (2021)

# Form 990 (2021) GIRLS INCORPORATED OF CHATTANOOGA 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
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,			
	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	Х	
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	
С	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

Form 990 (20)		INCORPORATED	HATTANOOGA	62-064
Part IV C	Checklist of Required S	chedules (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		Х
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
22	Schedule N, Part II	32		- 25
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 21
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	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?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) GIRLS INCORPORATED OF CHATTANOOGA

Part 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		<u> </u>
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).			
	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ь—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	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).		77	
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	├
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			3,7
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		X
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ė
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, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021) GIRLS INCORPORATED OF CHATTANOOGA 62-064/145 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below t 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								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 20								
	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 20								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	Х						
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5									
6	Did the organization have members or stockholders?	6		X					
	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		Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
~	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5							
	The governing body?	8a	Х						
		8b	X						
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0							
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3							
	This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Iu							
		12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·		12c	х						
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	17							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_		150	Х						
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X						
b		130	-25						
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		Х					
<b>L</b>		16a		21					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b							
17	List the states with which a copy of this Form 990 is required to be filed TN  Section 6104 requires an experientian to make its Forms 1003 (1004 or 1004 A if applicable) 900, and 900 T (certion F01(a)(2))	anl: A	0.40!1=1						
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)s	only)	avallat	ле					
	for public inspection. Indicate how you made these available. Check all that apply.								
40	X Own website Another's website X Upon request Other (explain on Schedule O)	£	.:_!						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinand	ial						
00	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	SHOSHANNAH R. WALKER - 423-624-4757 4505 BRAINERD ROAD SUITE 110 CHATTANOOGA TN 37411								

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

Check this box if neither the organization n	(B)	liga	(C)				Salt	(D)	(E)	(F)		
Name and title	Average	(de	not c	Posi	ition	l than c	ne	Reportable	Reportable	Estimated		
	hours per	box.	, unles	ss per	son is	s both	an	compensation	compensation	amount of		
	week		cer an	d a di	recto	r/trus	tee)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	ruste	ıl trus		ee/	m pen		1099-NEC)	1099-1120)	and related		
	below	Individual trustee or director	Institutional trustee	J.	Key employee	Highest compensated employee	er	,		organizations		
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former					
(1) TOCCORA JOHNSON-PETERSEN	40.00											
CEO				Х				80,137.	0.	6,207.		
(2) SHOSHANNAH R. WALKER	40.00											
CFO				Х				56,471.	0.	5,786.		
(3) COURTNEY BREWER	4.00											
BOARD MEMBER		X						0.	0.	0.		
(4) ANDY BURNETT	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(5) JEANNINE CARPENTER	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(6) SUE COLLINS	4.00											
BOARD SECRETARY		Х		Х				0.	0.	0.		
(7) TONYA GENTRY	4.00											
BOARD CHAIR		Х		Х				0.	0.	0.		
(8) DAN GILMORE	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) STACY GRAY	4.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(10) HALL GREGG	4.00	1								_		
BOARD MEMBER		Х						0.	0.	0.		
(11) SHAWANNA KENDRICK	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) KRISTIN LEFFEW	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) LINLY MASON	4.00											
BOARD TREASURER		Х		Х				0.	0.	0.		
(14) LESLIE MAYFIELD	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) DIANA MEADOWS	4.00	_										
BOARD MEMBER	4 00	Х						0.	0.	0.		
(16) KARISTA MOSLEY-JONES	4.00									_		
BOARD MEMBER	4 00	Х						0.	0.	0.		
(17) QUETTA PIPKIN	4.00								_	•		
BOARD MEMBER		X						0.	0.	0.		

Form **990** (2021)

Form 990 (2021) GIRLS INC	CORPORAT	ED	)	OF	' C	:HA	TΤ	TANOOGA	62-06	471	L45	Pa	age 8
Part VII   Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck i			one	Reportable	Reportable		Es	timate	<del>:</del> d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation compensation				ount	of
	week		Cei ai	lu a u	liecto	T	(66)	from	from related			other	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC	,		oensa om the	
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	"		anizati	
	organizations	truste	al trustee		/ee	m per		1099-NEC)	1000 1420)		•	relat	
	below	Individual trustee or director	Institutional t	7.	Key employee	Highest compensated employee	er	1			orga	nizatio	ons
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
(18) JOE SHUDAN	4.00												
BOARD MEMBER		Х						0.	(	0.			0.
(19) LATISHA SIMMONS	4.00									,			^
BOARD MEMBER (20) VIRGINIA STEIN-DAVIS	4.00	Х						0.		0.			0.
BOARD MEMBER	4.00	Х						0.		0.			0.
(21) ROXY VELAZQUEZ	4.00	22								<del>"</del>			<u> </u>
BOARD MEMBER		х						0.		0.			0.
(22) RACHAEL WELCH	4.00												
FORMER CHAIR		Х		X				0.	(	0.			0.
		-											
										$\dashv$			
		1											
										$\dashv$			
		1											
										一			
1b Subtotal <b>1</b> 36,608.									0.	<del></del>			
c Total from continuation sheets to Part VII								136,608.		0.			
d Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>		L , 9:	93.
<ul><li>Total number of individuals (including but no compensation from the organization</li></ul>	ot iiiiiited to tii	ose	IISLE	u au	ove	;) vvii	o re	eceived more man \$100,	000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for st	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		_X_
5 Did any person listed on line 1a receive or a	=				-			-			_		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or st	ıch r	oers	on .					5		
Complete this table for your five highest cor	mpensated inc	lepe	nde	nt cc	ontra	acto	rs th	nat received more than \$	3100.000 of compe	nsat	ion fro	m	
the organization. Report compensation for t													
(A)								(B)			(C		
Name and business	address	NC	INC	3				Description of s	ervices	C	omper	satio	<u> </u>
2 Total number of independent contractors (ir \$100,000 of compensation from the organizer)	ŭ	ot lin	nited	d to t	thos (		ted	above) who received me	ore than				
, , , , , , , , , , , , , , , , , , ,												200	

62-0647145

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Gricok ii Gerieddie G contains a response	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
			010 500				sections 512 - 514
ts ts	1 a	Federated campaigns 1a	218,568.				
ira Dur	b	Membership dues1b					
e, E	С	Fundraising events 1c	78,140.				
ifts		Related organizations 1d					
nis.		Government grants (contributions) 1e	344,974.				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and	311/3/11	1			
E H	1	I	200 445				
들됨		similar amounts not included above 1f	398,445.				
ξğ	_	Noncash contributions included in lines 1a-1f 1g \$	21,009.	1 040 405			
<u>8</u>	h	Total. Add lines 1a-1f		1,040,127.			
			Business Code				
ø	2 a	PROGRAMS FEES	624100	33,291.	33,291.		
Program Service Revenue	b						
Ser	С						
E S	d						
gra Re	u						
Š	e	·					
<u>-</u>		All other program service revenue		22 001			
	g	Total. Add lines 2a-2f		33,291.			
	3	Investment income (including dividends, inter					
		other similar amounts)	<b>&gt;</b>	13,163.			13,163.
	4	Income from investment of tax-exempt bond					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 2		( )				
		Less: rental expenses 6b		-			
		Rental income or (loss) 6c					
	d	Net rental income or (loss)	<b>.</b>				
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory $7a122,700$	•				
	b	Less: cost or other basis					
ē		and sales expenses	.				
Revenue	c	Gain or (loss) 7c 1,583					
ě		Net gain or (loss)		1,583.			1,583.
er B				1,303.			1,303.
	8 а	Gross income from fundraising events (not					
₽		including \$ 78,140. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8	32,604.				
	С	Net income or (loss) from fundraising events		33,280.			33,280.
		Gross income from gaming activities. See					
	- 4	Part IV, line 19	a				
	<b>L</b>	Less: direct expenses 9		1			
			<u> </u>				
		Net income or (loss) from gaming activities	<b>P</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances10	a				
	b	Less: cost of goods sold10	b				
_	с	Net income or (loss) from sales of inventory	<b>.</b>				
			Business Code				
Sn	11 2	OTHER INCOME	611710	1,415.			1,415.
Je Le							
Miscellaneous Revenue	b						
Se Be	С.						
Ĕ		All other revenue		1 44 5			
	е	Total. Add lines 11a-11d	<b></b>	1,415.			40
	12	Total revenue See instructions		1 122 859.	33.291.	1 0.	49 441.

Form 990 (2021) GIRLS INCORPORATED
Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	152 052	06.040	06 150	20 555
	trustees, and key employees	153,873.	96,940.	26,158.	30,775
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F00 140	202 250	E0 E01	E 4 00E
7	Other salaries and wages	520,140.	393,352.	72,701.	54,087
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20 524	20 076	C 700	1 050
9	Other employee benefits	29,524.	20,876.	6,790.	1,858
10	Payroll taxes	50,019.	37,275.	6,653.	6,091
11	Fees for services (nonemployees):	6 000	4 500	1 000	004
	Management	6,927.	4,700.	1,233.	994
	Legal	72.	49.	13.	10
	Accounting	13,200.	8,956.	2,350.	1,894
	Lobbying				
	Professional fundraising services. See Part IV, line 17	F 074		F 074	
f	Investment management fees	5,974.		5,974.	
g	, ,				
	column (A), amount, list line 11g expenses on Sch 0.)	1.4.402	6 605	270	7 420
12	Advertising and promotion	14,403.	6,695.	270.	7,438
13	Office expenses				
14	Information technology				
15	Royalties	21 020	20. 266	10 001	1 265
16	Occupancy	31,932.	20,366.	10,201.	1,365
17	Travel	17,851.	17,735.	73.	43
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 700	2 441	2 (72	C7.
9	Conferences, conventions, and meetings	5,788.	2,441.	2,672.	675
20	Interest				
21	Payments to affiliates	E 631	E 621		
2	Depreciation, depletion, and amortization	5,631.	5,631.	3,775.	1 250
23	Insurance	15,236.	10,103.	3,113.	1,358
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 Schotlule (A).				
а	amount, list line 24e expenses on Schedule 0.)  FOOD AND SUPPLIES	48,181.	45,846.	2,335.	
a b	ACTIVITIES AND FIELD TR	36,180.	36,180.	2,333.	
C	CORPORATE EXPENSE	18,158.	14,832.	3,326.	
d	SPECIAL EVENTS	13,259.	13,259.	3,320.	
	All other expenses	18,369.	14,741.	3,376.	252
5	Total functional expenses. Add lines 1 through 24e	1,004,717.	749,977.	147,900.	106,840
:5 26	Joint costs. Complete this line only if the organization	_, , ,	. 20 , 0 , 1 •		_00,040
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	The same and the s				

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			600,666.	1	693,943.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			68,135.	4	125,290.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B			14,346.	9	10,067.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	96,061.			
	b	Less: accumulated depreciation	. 10b	87,687.	14,005.	10c	8,374.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		803,495.	12	755,589.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed	qual line (	33)	1,500,647.	16	1,593,263.
	17	Accounts payable and accrued expenses			53,390.	17	101,471.
	18	Grants payable			18		
	19	Deferred revenue		17,450.	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
		of Schedule D			70 040	25	101 471
	26	Total liabilities. Add lines 17 through 25		. 77	70,840.	26	101,471.
v		Organizations that follow FASB ASC 958, cl	neck her	e ▶ 🔼			
၁င		and complete lines 27, 28, 32, and 33.			1 266 000		1 446 741
<u>a</u>	27				1,366,998.	27	1,446,741.
ä	28	Net assets with donor restrictions			62,809.	28	45,051.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here  L			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
χ̈́Α	31	Retained earnings, endowment, accumulated			1,429,807.	31	1 /01 702
ž	32	Total net assets or fund balances			32	1,491,792.	
	33	Total liabilities and net assets/fund balances			1,500,647.	33	1,593,263.

<u>-orn</u>	m 990 (2021) GIRLS INCORPORATED OF CHATTANOOGA	02-00	4/143	Pag	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,122	2,8!	<u>59.</u>
2		_	1,004	1,73	17.
3	Revenue less expenses. Subtract line 2 from line 1	3	118	3,14	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,429	9,80	07.
5	Net unrealized gains (losses) on investments	5	-56	5,1!	<u>57.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,491	L,79	92.
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Sche	edule O.			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	wed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep	arate basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	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				
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	e Single Audit			
	Act and OMB Circular A-133?		<b>3</b> a		X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the I	equired audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

### GIRLS INCORPORATED OF CHATTANOOGA 62-0647145 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1113434.	830,987.	912,925.	896,275.	1040127.	4793748.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1110101	222 225	212 225	225 255	1010105	4500540
	Total. Add lines 1 through 3	1113434.	830,987.	912,925.	896,275.	1040127.	4793748.
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,						650 001
	column (f)						650,981.
	Public support. Subtract line 5 from line 4.						4142767.
		( )	# N = 2 / 2		( )) 0000	( ) (	(n =
	ndar year (or fiscal year beginning in)	(a) 2017 1113434.	(b) 2018 830, 987.	(c) 2019	(d) 2020	(e) 2021 1040127.	(f) Total 4793748.
	Amounts from line 4	1113434.	030,907.	912,925.	896,275.	1040127.	4/93/40.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1/ /22	7,064.	17,234.	13,995.	13,163.	65,879.
•	and income from similar sources	14,423.	7,004.	17,234.	13,993.	13,103.	05,075.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2,442.	2,141.			1,415.	5,998.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	2,442.	2,1410			1,413.	4865625.
	Gross receipts from related activities,	oto (ooo inatruotia	\			12	4003023.
	First 5 years. If the Form 990 is for the			fourth or fifth tox v			
10	organization, check this box and stor	-		•			ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	85.14 %
	Public support percentage from 2020					15	69.71 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						, <b>37</b>
b	33 1/3% support test - 2020. If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te					3	\
b	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu		·		•		<b>&gt;</b>
18	Private foundation. If the organization		-		•		

# Schedule A (Form 990) 2021 GIRLS INCORPORATED OF CHATTANOOGA | 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 under the tests listed below, please complete Part II \

Se	ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(	: Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) etion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						<b>.</b>
	ction C. Computation of Public					Т	
	Public support percentage for 2021 (lin			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2021. If the						/ is not
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the						▶ L
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

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

	Von	N-
	Yes	No
1		
2		
3a		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9c		
90		
10a		
10b		
 A (Forn	n aan)	2021

	duck (1011 330/2021 CTTTD TITOTITE CTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	_ ,	- 16	igc <b>o</b>
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
<b>L</b>	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	TIC		
	nen 2. Type i eapperang eigannaunene		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	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			
	r		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			
0	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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> "No," <i>explain in</i> <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 instructions).			
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
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,			
	how the organization was responsive to those supported organizations, and how the organization determined	0		
J.	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	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 GIRLS INCORPORATED OF	CHATT	ANOOGA	62-0647145 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
с	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

5

6

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

OF CHATTANOOGA GIRLS INCORPORATED

**Employer identification number** 62-0647145

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply)	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
	Number of conservation easements included in (c) acquired aft	*	
	listed in the National Register		2d
	Number of conservation easements modified, transferred, relea		
	year >		
4	Number of states where property subject to conservation ease	ment is located >	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Par	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its financ	ial statements that describes these iter	ns.
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 e	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:	
		o ood rolating to those items.	
	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$

		NCORPORATE						0647145		<sub>age</sub> 2
Par	rt III   Organizations Maintaining Co	ollections of A	t, Hist	orical Tre	asures, o	r Other S	imilar Ass	ets (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the f	ollowing that	t make sign	ificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	(	d 🗌	Loan or exc	hange progra	am				
b	Scholarly research	•								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	e organizatio	on's exempt	t purpose in F	Part XIII.		
5	During the year, did the organization solicit or	•		•	-		-			
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arrang							IV, line 9, or		
	reported an amount on Form 990, Par			Ü			,	, ,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contributions	s or other ass	sets not inc	luded			
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
-								Amount		
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f							1f			
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					•	•	103		]
	rt V Endowment Funds. Complete if									
	- Complete ii	(a) Current year		rior year	(c) Two yea		) Three years b	ack (e) Four	vears	back
12	Beginning of year balance	(-,	(-,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,)	(	,	(-,	,	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
	End of year balance		o /lino 1		\ bold oo:					
2	·	•	`	j, column (a)	) neid as.					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С		/0								
٥-	The percentages on lines 2a, 2b, and 2c should be a sh	•		k and balaban	al a discharge to the					
Зa	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are neid ar	ia aaminister	rea for the c	organization	Г	Yes	No
	by:							0-(1)	163	NO
	(i) Unrelated organizations								-	
_	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4 Dar	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		wment f	unds.						
rai	rt VI Land, Buildings, and Equipmon Complete if the organization answered		n Dart IV	line 11a S	ee Form 000	Dart V lin	<u>_</u> 10			
								(a) D - 1	!	
	Description of property	(a) Cost or on the contract (a)		. ,	or other (other)		umulated eciation	(d) Book	value	9
		Dasis (IIIVESI	inerit)	Dasis	(Ott ICI)	uepre	olation			

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		74,649.	73,413.	1,236.				
е	Other		21,412.	14,274.	7,138.				
	otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)								

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) CORPORATE STOCKS AND			
(B) BONDS	755,589.	END-OF-YEAR MARKET	WATITE
(C)	755,505.	LIVE OF THAN IMMINET	VALOL
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	755,589.		
Part VIII Investments - Program Related.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total (October (b) reset and Ferra 2000 Part V. and (D) line	45.)	<b>.</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(1)
(2)			
(3)			
(4)			
(5)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	

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

≀LS	INCORPORATED	OF	CHATTANOOGA	62-0647145
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. u	Reconciliation of Revenue per Audited Financial Sta				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,119,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-56,157.		
b	Donated services and use of facilities	2b	25,815.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-30,342.
3	Subtract line 2e from line 1			3	1,149,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,974.		
b	Other (Describe in Part XIII.)	4b	-32,604.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-26,630.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	1		5	1,122,859.
)	THIS THAT COURT OF THE PARTY OF	<i>)</i>			1,122,000.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F		n.
Pa	rt XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With ne 12a.	Expenses per F	Returi	n.
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With ne 12a.	Expenses per F		1,057,162.
	rt XII   Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lir  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With ne 12a.	Expenses per F	Returi	n.
1	rt XII   Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lir  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With ne 12a.	Expenses per F	Returi	n.
1 2	rt XII   Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lir  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With ne 12a	Expenses per F	Returi	n.
1 2	rt XII   Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, lir  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b 2c	25,815.	Returi	n.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Returi	n. 1,057,162.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	25,815. 32,604.	Returi	1,057,162. 58,419.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	25,815. 32,604.	1	n. 1,057,162.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	25,815. 32,604.	1 2e	1,057,162. 58,419.
1 2 a b c d e 3	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	25,815. 32,604.	1 2e	1,057,162. 58,419.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lir  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	25,815. 32,604.	1 2e	58,419. 998,743.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lir  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	25,815. 32,604. 5,974.	1 2e	58,419. 998,743.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a   2b   2c   2d   4a   4b	25,815. 32,604. 5,974.	1 2e 3	58,419. 998,743.

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

### PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH INCOME TAX ACCOUNTING GUIDANCE IN ASC TOPIC 740. THE ORGANIZATION FOLLOWS THE STATUTORY REQUIREMENTS FOR ITS INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE ORGANIZATION'S NON-TAXABLE STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

Schedule D (Form 990) 2021	GIRLS	INCORPORATED	OF CHATTANOOGA	62-0647145 Page 5
Part XIII   Supplement	tal information <sub>(Cl</sub>	ontinued)		
PART XII, LINE	2D - OTHER	ADJUSTMENTS:		
SPECIAL EVENTS				32,604.
SPECIAL EVENIS	EXFENSES			52,004.

# **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF CHATTANOOGA Employer identification number

GIRLS I	NCORPORATED OF CHA	ATT <i>I</i>	NOC	OGA	62-0647	145
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part	t.					
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			<b>&gt;</b>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro			<u>-</u>	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			UNBOUGHT AND	60TH ANNUAL		(add col. (a) through		
			UNBOSSED	ONLINE AUCTI	1	col. (c)		
			(event type)	(event type)	(total number)	Coi. (C))		
Revenue								
e e	1	Gross receipts	94,640.	43,945.	5,439.	144,024.		
Ä	-		,	,	•	•		
	2	Less: Contributions	78,140.			78,140.		
	_		,			•		
	3	Gross income (line 1 minus line 2)	16,500.	43,945.	5,439.	65,884.		
		, , , , , , , , , , , , , , , , , , , ,	,	,	•	•		
	4	Cash prizes						
	5	Noncash prizes			150.	150.		
S	_							
SU:	6	Rent/facility costs	1,704.		2,869.	4,573.		
xpe	-		,		,	,		
Direct Expenses	7	Food and beverages	15,706.		231.	15,937.		
irec	•	Tood and beverages						
	8	Entertainment	3,019.	130.		3,149.		
	9	Other direct expenses	6,089.	2,106.	600.	8,795.		
	_		9 in column (d)	,		32,604.		
		Net income summary. Subtract line 10 from li	. ,		_	33,280.		
Pa								
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•			
			(a) Din na	(b) Pull tabs/instant	(a) Oth an aranina	(d) Total gaming (add		
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
æ	1	Gross revenue						
"	2	Cash prizes						
sea								
Direct Expenses	3	Noncash prizes						
Ě								
.ec	4	Rent/facility costs						
Ö								
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	□ No	□ No	□ No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>)</b>			
9	En	ter the state(s) in which the organization condu	cts gaming activities: _					
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No		
<b>b</b> If "No," explain:								
	_							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No		
b	If "	Yes," explain:						

Sch	nedule G (Form 990) 2021 GIRLS INCORPORATED OF CHATTANOOGA 62-0	064714	15 Page 3						
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?	Ye	s No						
13	Indicate the percentage of gaming activity conducted in:								
	a The organization's facility	13a	%						
	b An outside facility	13b	%						
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-						
•	The same and address of the person the property and organization of garming operation of the second and records.								
	Name								
	Address								
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s No						
k	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount								
	of gaming revenue retained by the third party > \$								
c	c If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation  \$								
	Description of services provided								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	L Ye	s L No						
k	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 🕨 \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lines	9, 9b, 10b,						
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								

Schedule G	(Form 990) Supplemental Infor	GIRLS	INCORPORATED	OF CHATTANOO	GA 62-0647145	Page 4
Part IV	Supplemental Infor	mation <sub>(co</sub>	ntinued)			

# **SCHEDULE 0** (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> OF CHATTANOOGA GIRLS INCORPORATED

**Employer identification number** 62-0647145

Schedule O (Form 990) 2021 Page **2** 

Name of the organization **Employer identification number** GIRLS INCORPORATED OF CHATTANOOGA 62-0647145 THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM AND REVIEWED BY THE FINANCE COMMITTEE. ALL OTHER MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE 990. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY IS PROVIDED TO NEW BOARD MEMBERS AND IS UPDATED ANNUALLY BY ALL MEMBERS. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES. AS CONFLICTS OF INTEREST ARISE, THEY ARE EXPLORED AND ADDRESSED ACCORDINGLY. FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE PRESIDENT/CEO IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AS FOLLOWS: THE SALARY RECOMMENDATION IS SUBMITTED TO THE FINANCE COMMITTEE, IT IS FORWARDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND FINAL APPROVAL. A MEMBER OF THE EXECUTIVE COMMITTEE REVIEWS COMPARITAVE DATA FROM OTHER NON-PROFITS. FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED.