Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2017, or fiscal year beginning			30 .2018	2017
Department of the Treasury	➤ Do not so	end to the IRS. Keep for yo	our records.		2017
Internal Revenue Service	➤ Go to www.irs.	gov/Form8879EO for the I	atest information		
Name of exempt organization				Employ	er identification aumber
				1	
GIRLS INCORPO	RATED OF ALAMEDA C	OUNTY		94-	1558073
Name and title of officer					
JULAYNE VIRGI	L				
CEO					
Part Type of	Return and Return Informat	tion (Whole Dollars Only)		THE RESERVE OF THE PERSON NAMED IN	
The state of the s	m for which you are using this Form		diamble amount if	and from the co	true March shoot the bay
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on that in ank (do not enter 0-). But, if you ent	e for the return being filed v	with this form was I	blank, then leav	e line 1b. 2b. 3b. 4b. or 5b.
1a Form 990 check here	▶ X b Total revenue, if a	ny (Form 990, Part VIII, colu	ma (A) line 121	46	6,578,265.
28 Form 990-EZ check he	h Total revenue	Heav /Form 000.E7 line 0	mi (y, and 12)	AL.	
3a Form 1120-POL check	ham b Tataland	if any (Form 990-EZ, line 9)			-
4a Form 990-PF check he	nere o total tax (i	Form 1120-POL, line 22)		3b	
The state of the s	b lax based on	investment income (Form	990-PF, Part VI, lin	e 5) 4b	
5a Form 8868 check here	b Balance Due (Form	n 8868, line 3a)		5b	
Part II Declarat	(d C' d				
	ion and Signature Authoriz I declare that I am an officer of the				
processing of the electronic payment. I have selected a	stitution to debit the entry to this act an 2 business days prior to the payr oc payment of taxes to receive confic personal identification number (PIN electronic funds withdrawal.	nent (settlement) date. I also dential information necessar	authorize the fina	ancial institution	is involved in the
X authorize NO	VOGRADAC & COMPANY	LLP		to enter	my PIN 58073
		O firm name		to enter i	Enter five numbers, b
		With Daille			do not enter all zeros
enter my PIN on As an officer of the indicated within the indicated wit	on the organization's tax year 2017 of a state agency(les) regulating chart the return's disclosure consent screene organization, I will enter my PIN a this return that a copy of the return is termy PIN on the return's disclosure.	ties as part of the IRS Fed/ en. s my signature on the organ s being filed with a state an	State program, I al	so authorize the	e aforementioned ERO to
Part III Certificat	ion and Authentication				
	ur six-digit electronic filing identificati	lon			
lumber (EFIN) followed by	your five-digit self-selected PIN.	L	94076733	570	
			Do not enter all		
certify that the above num	eric entry is my PIN, which is my sig	nature on the 2017 electron	nically filed return t	for the organiza	tion indicated above I
Committee I am submitting	this return in accordance with the	requirements of Pub. 4163,	Modernized e-File	(MeF) Informat	ion for Authorized IRS
e-file Providers for Business	Returns.	220			
	0 24	Roy Chou		(5)	50
RO's signature	Coulling.	P01648850	Date b	2/2	112
	- FAMILY AND I		Date >	67	11.1
	ERO Must Ret Do Not Submit This For	tain This Form - See rm to the IRS Unless	Instructions Requested To	Do So	

LHA For Paperwork Reduction Act Notice, see instructions.

Novogradac & Company LLP PO Box 7833

Form 8879-EO (2017)

San Francisco, CA 94120-7833 EIN 94-3108253

EXTENDED TO MAY 15, 2019

Form 990

Return of Organization Exempt From Income Tax

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

20 Open to Public

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, Check if applicable C Name of organization D Employer identification number GIRLS INCORPORATED OF ALAMEDA COUNTY Name Doing business as 94-1558073 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 510 16TH STREET (510)357-5515 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 6,651,274. Amended OAKLAND, CA 94612 H(a) Is this a group return F Name and address of principal officer: ROBIN EVITTS pending for subordinates? Yes X No 510 16TH STREET, OAKLAND, CA 94612 H(b) Are all subordinates included? Yes No. Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) ____ 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.GIRLSINC-ALAMEDA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1960 M State of legal domicile; CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO INSPIRE ALL GIRLS TO BE Governance STRONG, SMART AND BOLD. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 26 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 26 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 175 6 Total number of volunteers (estimate if necessary) 1020 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34. 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 4,742,628. 6,039,331. 9 Program service revenue (Part VIII, line 2g) 517,683. 241,602. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 201,338. 206,593. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 689,678. 90,739. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,151,327. 6,578,265. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 59,368. 59,900. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,902,705. 4,638,833. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,632,686. 1,952,965. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,594,759. 6,651,698. 19 Revenue less expenses. Subtract line 18 from line 12 -443,432. -73,433.10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 14,751,974. 14,773,180. 21 Total liabilities (Part X, line 26) Net A 453,137. 476,887. Net assets or fund balances. Subtract line 21 from line 20 14,298,837. 296,293. 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 Sign JULAYNE VIRGIL, CEO Here Type or print name and title Print/Type preparer's name Preparer's signature aun ROY CHOU 27 P01648850 Preparer Firm's name NOVOGRADAC & COMPANY LLP Firm's EIN 94-3108253 Use Only Firm's address PO BOX 7833 SAN FRANCISCO, CA 94120-7833 Phone no. (415) 356-8000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017) GIRLS INCORPORATED OF ALAMEDA COUNTY 94-1558073 Page 2
Par	III Statement of Program Service Accomplishments
200	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GIRLS INCORPORATED OF ALAMEDA COUNTY (GIRLS INC.) IS A LOCAL AFFILIATE OF THE NATIONAL ORGANIZATION WITH THE SHARED MISSION OF INSPIRING ALL GIRLS TO BE STRONG, SMART AND BOLD.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,661,585. including grants of \$) (Revenue \$ 153,868.) ELEMENTARY PROGRAMS
	WE ENVISION A WORLD WHERE EVERY GIRL FEELS VALUED, SAFE, AND PREPARED TO ACHIEVE HER DREAMS. WE FOCUS ON THE WHOLE GIRL FROM AGE 5-18: HER HEALTH, EDUCATION AND DEVELOPMENT AS A LEADER. OUR CONTINUUM OF ACADEMIC, SOCIAL, AND COMMUNITY ENRICHMENT PROGRAMS IS OFFERED AT NO COST, TO REMOVE BARRIERS TO PARTICIPATION. ELEMENTARY PROGRAMS INCLUDE:
-	-GIRLSTART LITERACY PROGRAM (GRADES K-3): PROVIDING GIRLS AND BOYS WITH A STRONG LITERACY FOUNDATION FOR THEIR SCHOOL YEARS AND BEYONDWATCH OUT WORLD! (WOW!) (GRADES 4-5): IMPROVING GIRLS' FITNESS, HEALTHY NUTRITION, SELF-ESTEEM, (CONTINUED ON SCHEDULE O)
4b	Code:)(Expenses \$ 1,255,287. including grants of \$) (Revenue \$ 86,734.) PATHWAYS MENTAL HEALTH PROGRAMS PATHWAYS COUNSELING CENTER IS THE MENTAL HEALTH PROGRAM OF GIRLS INCORPORATED OF ALAMEDA COUNTY. PATHWAYS' SERVICES INCLUDE: 1) MENTAL HEALTH TREATMENT AND CASE MANAGEMENT; 2) MENTAL HEALTH CONSULTATION; AND 3) COMMUNITY MENTAL HEALTH TRAINING EVENTS.PATHWAYS COUNSELING CENTER'S FRAMEWORK IS A TRAUMA-INFORMED APPROACH.
	SERVICES WERE DELIVERED AT GIRLS INC. OFFICE LOCATIONS IN OAKLAND AND SAN LEANDRO AS WELL AS AT SIX SAN LEANDRO PUBLIC SCHOOLS. SERVICES ARE ALSO DELIVERED THROUGH HOME VISITS AND AT OTHER COMMUNITY LOCATIONS.
4c	(Code:) (Expenses \$ 816,036. including grants of \$ 59,900.) (Revenue \$ 1,000.) MIDDLE AND HIGH SCHOOL PROGRAMS
	WE ENVISION A WORLD WHERE EVERY GIRL FEELS VALUED, SAFE, AND PREPARED TO ACHIEVE HER DREAMS. WE FOCUS ON THE WHOLE GIRL FROM AGE 5-18: HER HEALTH, EDUCATION AND DEVELOPMENT AS A LEADER. OUR CONTINUUM OF ACADEMIC, SOCIAL, AND COMMUNITY ENRICHMENT PROGRAMS IS OFFERED AT NO COST, TO REMOVE BARRIERS TO PARTICIPATION. MIDDLE AND HIGH SCHOOL PROGRAMS INCLUDE:
	-ALL STARS (SPORTS, TECHNOLOGY, ACADEMICS, RESPONSIBILITY, SISTERHOOD) (GRADES 6-8): EMPOWERING GIRLS TO DEVELOP THEIR CAPABILITIES THROUGH TECHNOLOGY, ACADEMIC ENRICHMENT, (CONTINUED ON SCHEDULE 0)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ Including grants of \$) (Revenue \$) Total program service expenses ▶ 5,732,908.

			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	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	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		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	х	
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		X
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X

Part IV Checklist of Required Schedules (continued) Yes No 20a 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 X 21 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 X 22 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 280 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017) GIRLS INCORPORATED OF ALAMEDA COUNTY

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Boot V

_	Grieck if Schedule O contains a response or note to any line in this Part V					
9	** 7 % · · · ·	g 3			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	34			16233
b	The first of the first account in the factor of it flot applicable	1b	0		2 2	
C	The same of the sa	eportab	le gaming	787 787	1	
-	(gambling) winnings to prize winners?	,		1c	X	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			e die	EXECUTE OF THE PARTY OF THE PAR	-
_	filed for the calendar year ending with or within the year covered by this return	2a	175	18.00 18.00		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	***************************************	Section of the sectio	18313	
Sa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	*******	*******************	За		X
40	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	**********	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other financial	account	t)?	4a		X
D	If "Yes," enter the name of the foreign country:		With the second	277		3,14
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts	s (FBAR).	700	1400 S	N. S.
ba	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
u	bid any taxable party notity the organization that it was or is a party to a prohibited tay shelter trans-	otion?		5b		X
60	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		***************************************	5c		
oa	boos the organization have arrival gross receipts that are normally greater than \$100,000, and did the	e organ	rization colicit			
h	any contributions that were not tax deductible as charitable contributions?			6a		X
D	res, did the organization include with every solicitation an express statement that such contribut	ions or	nifts			
7	were not tax deductible? Organizations that may receive deductible			6b		
a	organizations that may receive deductible contributions under section 170(c).			The state of	10	
	and self-	vices pro	ovided to the payor?	7a	X	
0	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as requi	red			
d	***************************************			7c		X
4	If "Yes," indicate the number of Forms 8282 filed during the year	7d		2017	Carriers Carriers	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract'	?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to organization received a contribution of a cont	act?		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	9 as required?	7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor addicate to the Pile of the contribution of the contribu	ation file	a Form 1098-C?	7h		Х
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				100
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		*******************	8		X
а	Did the sponsoring organization make any target in the start of			*	21.	A11 0 0 0
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		X
0	Section 501(c)(7) organizations. Enter:			9b	F-1-3-20	X
а	Initiation fees and capital contributions included on Part VIII, line 12	. 1		1		A STATE
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		Cartes		E 1
1	Section 501(c)(12) organizations. Enter:	10b		100	Taring in	17.0
а	Gross income from members or shareholders			1000 m	Argust Co.	Tarties.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
	amounts due or received from them	445		Sin		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		A COL	727	Mean
b	If "Yes " enter the amount of tax exempt interest as a line of tax	12b	-	12a	1	44.6
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD		7.5		111
а	Is the organization licensed to issue qualified health plans in more than one state?		ŀ	12-	1 000 (0)	of the last
	Note. See the instructions for additional information the organization must report on Schedule O	**********		13a		1000
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1100		
	organization is licensed to issue qualified health plans	13b		1711	2	1
C	Enter the amount of reserves on hand	13c				200
74	bid the organization receive any payments for indoor tanning services during the tax year?			14a	extent.	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14a	200	
			Marine Control of the			-

Form 990 (2017) GIRLS INCORPORATED OF ALAMEDA COUNTY 94-1558073 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sac	Check if Schedule O contains a response or note to any line in this Part VI		erene.	X
Sec	tion A. Governing Body and Management			
			Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 26)		
	If there are material differences in voting rights among members of the governing body, or if the governing	-3-4		Last a
19.	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5
ь	Enter the number of voting members included in line 1a, above, who are independent	5	T A MIN'TO	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	10 miles	125	True.
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Arme I	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		0	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates.			
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	70.0	CHILIT	er i
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	195 150
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
	in Schedule O how this was done	12c	x	
13	bid the organization have a written whistleblower policy?	13	X	-
14	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	11.5	TINGS	7,741
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	150	х	0.6544
b	Other officers or key employees of the organization	15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	Α	di sta
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		An a	Janie Janie
		Elditt	STREET,	v
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	.essere	X
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	100		
	exempt status with respect to such arrangements?	1222	To and the	macross /
	tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a		****	
0.050	for public inspection. Indicate how you made these available. Check all that apply.	ıvaılab	le	
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and		2.0	
	statements available to the public during the tax year.	Tinan	cial	
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - (510)357-5515			
24	510 16TH STREET OAKLAND CA 94612			

Form	nnn	1004	71
COLL	990	1201	

GIRLS INCORPORATED OF ALAMEDA COUNTY

94-1558073

Page 7

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(do	not o	Pos check ess pe	c) sition more rson		one h an	ed any current officer, c (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ROBIN EVITTS	10.00										
PRESIDENT		X		X				0.	0.	0	
(2) CHRISTINE GOUIG	10.00			- Company							
1ST VICE PRESIDENT (3) JANET LODUCA	1111111	X	-	X				0.	0.	0	
	10.00										
2ND VICE PRESIDENT		X		X				0.	0.	0.	
(4) MELVIN HARRISON	10.00										
SECRETARY (5) CARLA KOREN		X		X				0.	0.	0.	
The state of the s	10.00			1904			П				
TREASURER (6) ANNE O'NETLL		X		X				0.	0.	0.	
(6) ANNE O'NEILL BOARD MEMBER	5.00								15997		
		X						0.	0.	0.	
(7) CHARMAINE CLAY BOARD MEMBER	5.00									11/10	
		X						0.	0.	0.	
(8) CHRISTINA VILLARREAL BOARD MEMBER	5.00	220									
(9) DAVID VALDEZ		X						0.	0.	0.	
BOARD MEMBER	5.00	22									
(10) DELYNN SENNA		X						0.	0.	0.	
BOARD MEMBER	5.00	_									
(11) GLENN VOYLES		X	_					0.	0.	0.	
BOARD MEMBER	5.00										
(12) IJE-ENU UDEZE NWOSU	5.00	X	4	_				0.	0.	0.	
BOARD MEMBER	5.00		- 1	- 1	- 1						
13) JENNIFER A. MILLER	F 00	X	4	4	_	_	_	0.	0.	0.	
BOARD MEMBER	5.00										
14) JULIE BAEDER	F 00	X	4		_			0.	0.	0.	
SOARD MEMBER	5.00	77						151			
15) JULIE SIMPSON	5.00	X	+	+	-	-	-	0.	0.	0.	
OARD MEMBER		x		-1						250	
16) LISA GROSS	5.00	^	+	+	+	+	+	0.	0.	0.	
OARD MEMBER		x		-	-						
17) LOIS DE DOMENICO	5.00	^		+	-	+	+	0.	0.	0.	
OARD MEMBER EMERITUS		x			- 1						

Part VII Section A. Officers, Directors (A) Name and title	(B) Average hours per week	(do	not c	Positive Pos	tion nore son i	than d	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	Estimated amount of other compensation from the organization and related organization		t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)			he ation ated
(18) MARY KAY HUSE BOARD MEMBER	5.00	X						0.	0			0.
(19) NOEL WISE	5.00	x						0.	0			0.
BOARD MEMBER (20) REBECCA ALVAREZ BOARD MEMBER	5.00	X					11:-	0.	0			0.
(21) RHONDA RAMLO BOARD MEMBER	5.00	x	T					0.	0			0.
(22) RICARDO DA SILVA BOARD MEMBER	5.00	X						0.	0			0
(23) GABRIELLE TIERNEY BOARD MEMBER	5.00							0.	0			0
(24) SUSAN MURANISHI BOARD MEMBER	5.00	X						0.	0			0
(25) ROSEANN TORRES BOARD MEMBER	5.00	x						0.	0			0
(26) MARCIA ARGYRIS BOARD MEMBER	5.00	X						0.	0			0
1b Sub-total c Total from continuation sheets to d Total (add lines 1b and 1c)	Part VII, Section A						A A A	0. 313,517. 313,517.	0			0 374 374
Total number of individuals (includin compensation from the organization	g but not limited to t	hos	e list	ed a	bov	/e) w	ho r	eceived more than \$100	,000 of reportable			
3 Did the organization list any former	officer, director, or to	ruste	ee, k	ey e	mpl	oyee	, or	highest compensated e	mployee on	3	Yes	s No
line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is and related organizations greater the	the sum of reporta	ble d	comp	oens	atio	n an	d ot	her compensation from	the organization	757	162	X
5 Did any person listed on line 1a rece rendered to the organization? If "Yes	ive or accrue comp	ensa	ation	fron	n an	y un	rela	ted organization or indiv	idual for services	5	1000	X
Section B. Independent Contractors					-					10-7-2		
1 Complete this table for your five high										nsatio	n from	1
	ion for the calendar (A) usiness address				with	orv	vithi	n the organization's tax (B) Description of s		Com	(C)	tion
Name and of	isiness address	N	ION	E				Description of s	iel vices	Conn	Jensa	
	440	-0										-

Part VII Section A. Officers, Directors,	(B)	1	0,00	11	C)	iigi	1031	(D)	yees (continued)		
Name and title	Average hours per	(c		Pos	itior	app	oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
(27) COURTNEY JOHNSON CLENDINEN	week (list any hours for related organizations below line) 40.00	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
CHIEF PROGRAM OFFICER	40.00			x				E7 077			
(28) LISA A WANZOR	40.00			Δ				57,977.	0.	136	
CHIEF FINANCIAL OFFICER	10.00			х				110,222.	0.	0 765	
29) JULAYNE VIRGIL	40.00			-			\dashv	110,222.	0.	8,765	
CHIEF EXECUTIVE OFFICER				Х				145,318.	0.	473	
				_							
777777777777777777777777777777777777777						-					
							+				
						1	+				
			1			10	1				
							1				
		1	1								
		+	4	4	1	_	4				
		+	-	+	+	-	-			-	
		+	+	+	+	-	-				
		+	+	+	+	+	+				
		+	+		+	+	+				
		+	+	+	1		+				
otal to Part VII, Section A, line 1c								313,517.		9,374.	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1b b Membership dues 889,584. c Fundraising events 10 d Related organizations 1e 1,930,056. e Government grants (contributions) f All other contributions, gifts, grants, and ıf 3,219,691. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 6,039,331 h Total. Add lines 1a-1f **Business Code** 624100 2 a SCHOOL BASED PROGRAM F 153,868 153,868 Program Service Revenue 86,734. 621330 86,734. MENTAL HEALTH PROGRAM 1,000. 624100 1,000. c COMMUNITY PROGRAM f All other program service revenue 241,602. Total. Add lines 2a-2f Investment income (including dividends, interest, and 201,438. 201,438. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 83,449. 6 a Gross rents b Less: rental expenses 83,449. c Rental income or (loss) 83,449 83,449. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 5,155. assets other than inventory b Less: cost or other basis 0. and sales expenses 5,155. c Gain or (loss) 5,155 5,155. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 889,584. of including \$ contributions reported on line 1c). See 78,000. Part IV, line 18 73,009. b Less: direct expenses 4,991. 4,991. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS INCOME 900099 2,299 2,299 b d All other revenue 2,299. e Total. Add lines 11a-11d 297,332. 6,578,265. 241,602. Total revenue. See instructions.

b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8	Check if Schedule O contains a response include amounts reported on lines 6b, 9b, and 10b of Part VIII. Trants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 directions and other assistance to domestic advividuals. See Part IV, line 22 directions, foreign governments, and foreign and adviduals. See Part IV, lines 15 and 16 denefits paid to or for members dompensation of current officers, directors, sustees, and key employees dompensation not included above, to disqualified dersons (as defined under section 4958(f)(1)) and dersons described in section 4958(c)(3)(B) direction 401(k) and 403(b) employer contributions) their employee benefits described in section 401(k) and 403(b) employer contributions) there employee benefits described in section 401(k) and 403(b) employer contributions) described in section 401(k) and 403(b) employer contributions described in s	395,000. 3,629,818. 5,000. 270,405. 338,610. 250,575. 2,558. 62,260.	(B) Program service expenses 59,900. 337,000. 3,135,102. 4,145. 228,714. 288,661. 245,017.	(C) Management and general expenses 30,550. 211,732. 275. 15,587. 18,624. 5,558.	27,45 282,98 58 26,10 31,32
and an	and domestic governments. See Part IV, line 21 dirants and other assistance to domestic adividuals. See Part IV, line 22 dirants and other assistance to foreign arganizations, foreign governments, and foreign adividuals. See Part IV, lines 15 and 16 denefits paid to or for members dene	395,000. 3,629,818. 5,000. 270,405. 338,610. 250,575. 2,558.	337,000. 3,135,102. 4,145. 228,714. 288,661.	30,550. 211,732. 275. 15,587. 18,624.	27,45 282,98 58 26,10
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indicate in incident in incide	adividuals. See Part IV, line 22 frants and other assistance to foreign rganizations, foreign governments, and foreign idividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (non-employees): anagement egal eccounting	395,000. 3,629,818. 5,000. 270,405. 338,610. 250,575. 2,558.	337,000. 3,135,102. 4,145. 228,714. 288,661.	211,732. 275. 15,587. 18,624.	27,45 282,98 58 26,10
Good true to the true true true true true true true tru	grants and other assistance to foreign reganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ersons ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) therefore services (non-employees): anagement engal eccounting obbying	395,000. 3,629,818. 5,000. 270,405. 338,610. 250,575. 2,558.	337,000. 3,135,102. 4,145. 228,714. 288,661.	211,732. 275. 15,587. 18,624.	27,45 282,98 58 26,10
or indicate or ind	rganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, ustees, and key employees ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) there employee benefits ayroll taxes ees for services (non-employees): anagement egal	3,629,818. 5,000. 270,405. 338,610. 250,575. 2,558.	337,000. 3,135,102. 4,145. 228,714. 288,661.	211,732. 275. 15,587. 18,624.	27,45 282,98 58 26,10
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tr. Co pe pe Ott Pe sei Pa Ma Fe A Co dd Lo e Pr Co A Co A A A A A A A A A A A A A A A A	ustees, and key employees compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include extion 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (non-employees): anagement egal ecounting	3,629,818. 5,000. 270,405. 338,610. 250,575. 2,558.	3,135,102. 4,145. 228,714. 288,661.	211,732. 275. 15,587. 18,624.	282,98 58 26,10
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pe pe pe seis	ther salaries and wages ension plan accruals and contributions (include ention 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes eas for services (non-employees): anagement egal eccounting	5,000. 270,405. 338,610. 250,575. 2,558.	4,145. 228,714. 288,661.	275. 15,587. 18,624.	58 26,10
Otto Person Pers	ther salaries and wages ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (non-employees): anagement egal ecounting bbbying	5,000. 270,405. 338,610. 250,575. 2,558.	4,145. 228,714. 288,661.	275. 15,587. 18,624.	58 26,10
Pe sei Ott Pa Fe a Mab Le C Acc di Lo e Pro col Col Ad	ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (non-employees): anagement agal cocounting	5,000. 270,405. 338,610. 250,575. 2,558.	4,145. 228,714. 288,661.	275. 15,587. 18,624.	58 26,10
Pa Fe a Ma b Le c Ac d Lo e Pro f Inv col Ad	ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (non-employees): anagement egal ccounting bbbying	270,405. 338,610. 250,575. 2,558.	228,714. 288,661.	15,587. 18,624.	58 26,10
Pa Fe a Ma b Le c Ac d Lo e Pro f Inv g Ott col	ther employee benefits ayroll taxes ees for services (non-employees): anagement egal ecounting bbbying	270,405. 338,610. 250,575. 2,558.	228,714. 288,661.	15,587. 18,624.	26,10
Pa Fe a Ma b Le c Ac d Lo e Pro f Inv g Ott col Ad	ayroll taxes ees for services (non-employees): anagement egal ccounting bbbying	338,610. 250,575. 2,558.	288,661.	18,624.	26,10
Fe a Ma b Le c Ac d Lo e Pro f Inv col Ad	anagement egal ecounting ebbying	250,575. 2,558.			31,32
a Ma b Le c Ac d Lo e Pro f Inv g Ott col	anagement egal counting bbbying	2,558.	245,017.	5,558.	
b Le c Ac d Lo e Pro f Inv g Oti col Ad	egal counting bbbying	2,558.	245,017.	5,558.	
d Lo e Pro f Inv g Ott col	bbbying				
d Lo e Pro f Inv g Ott col Ad	bbying	62,260.		2,558.	
f Inv g Ott col Ad	ofosoional fundaciona con des Con Destitution		54,937.	7,323.	
f Inv g Ot col Ad					
g Oti col Ad	ofessional fundraising services. See Part IV, line 17		MAN TO ANTICOLOGY		
COL	vestment management fees				
Ad	ther. (If line 11g amount exceeds 10% of line 25,	10 000			
Off	lumn (A) amount, list line 11g expenses on Sch O.)	12,000.	12,000.	average and the	
	dvertising and promotion	206 046	004 640		
Inf	fice expenses	386,946.	234,642.	146,034.	6,27
Bo	formation technology	81,375.	73,401.	4,573.	3,40
Oc	pyalties	383,159.	240 200	10 105	
Tra	avel	20,667.	349,298.	19,187.	14,67
Par	syments of travel or entertainment expenses	20,007.	19,307.	595.	76
	any federal, state, or local public officials				
	onferences, conventions, and meetings	9,600.	8,300.	1 200	
	orost	5,000.	0,300.	1,286.	1
	yments to affiliates	-			
Dei	preciation, depletion, and amortization	21,823.	19,685.	1,226.	0.1
	surance	142,105.	128,179.	7,986.	91
Oth	ner expenses, Itemize expenses not covered		martin against a	7,300.	5,94
abo	ove. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A)		10000		
amo	ount, list line 24e expenses on Schedule O.)	THE PART OF THE	The state of the s		
PF	ROGRAM EXPENSES	326,484.	323,554.	2,930.	- W-450
	EPAIRS AND MAINTENANCE	158,649.	141,832.	8,250.	8,56
SI	TIPENDS	56,833.	56,833.	0,250.	0,56
PF	RINTING	24,990.	8,472.	95.	16,42
All	other expenses	12,941.	3,929.	8,739.	27:
	al functional expenses. Add lines 1 through 24e	6,651,698.	5,732,908.	493,108.	425,683
Join	nt costs. Complete this line only if the organization			100,100.	423,00
repo	orted in column (B) joint costs from a combined	53	1		
edu		1		1	

25.20	31 L A	Check if Schedule O contains a response or no	te to any	line in this Part X		-	
				1Xa4Xa	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	***********		500,492.	1	356,257
	2	Savings and temporary cash investments			1,396,070.		1,176,261.
	3	Pledges and grants receivable, net			384,970.		476,581.
	4	Accounts receivable, net			783,900.		1,016,090.
	5	Loans and other receivables from current and f	ormer offi	cers, directors,		+ 10 - 10	G - L. (27) - 4 c (- 3.5)
		trustees, key employees, and highest compens	ated emp	loyees. Complete	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37.632	The second second
		Part II of Schedule L			STANDARD NEWSTRANDS	5	111 1 2442
	6	Loans and other receivables from other disqual	ified perso	ons (as defined under		1000	Charles The Control
		section 4958(f)(1)), persons described in section		100			
		employers and sponsoring organizations of sec	tion 501(c	c)(9) voluntary		A Table	
ets		employees' beneficiary organizations (see instr)	. Complet	e Part II of Sch L	A THE STREET OF	6	MANAGER STREET, STATE OF THE STATE
Assets	7	Notes and loans receivable, net			10,897,585.	7	10,974,404.
4	8	Inventories for sale or use	410.000			8	
	9	Prepaid expenses and deferred charges			76,917.		75,607.
	10a	Land, buildings, and equipment: cost or other	1 1		THE CARSON	100	1511-3. 3814-1-014U-7-514
		basis. Complete Part VI of Schedule D	10a	847,743.			
	b	Less: accumulated depreciation	10b	417,171.	452,395.	10c	430,572.
	11	Investments - publicly traded securities		178,429.	11	180,326.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			81,216.	15	87,082.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		14,751,974.		14,773,180.
	17	Accounts payable and accrued expenses	453,137.		476,887.		
	18	Grants payable		18			
	19	Deferred revenue		19	100		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete i		21			
es	22	Loans and other payables to current and former	officers,	directors, trustees,	MARKET CONTRACTOR OF THE STATE OF		250.75000 LEIS 04101
#		key employees, highest compensated employee	s, and dis	squalified persons.		1000	The second second
iabilities		Complete Part II of Schedule L	******		E.S. C. Ardamondo Ch. a. States Lib. CV	22	NAME OF THE PARTY
_	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			453,137.	26	476,887.
		Organizations that follow SFAS 117 (ASC 958		nere X and		20	
ces	100000	complete lines 27 through 29, and lines 33 an					
lan	27	Unrestricted net assets		***************************************	13,825,825.	27	13,701,313.
Ba	28	Temporarily restricted net assets			339,012.	28	460,980.
nu	29	Permanently restricted net assets	134,000.	29	134,000.		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS					
ls o	20	and complete lines 30 through 34.	1000 14 - 1 - 1001 1 1 - 1 - 1 - 1 - 1 - 1 - 1	10			
se	30	Capital stock or trust principal, or current funds			30	A STATE OF THE STA	
t As	31	Paid-in or capital surplus, or land, building, or eq	uipment fi	und		31	
Ne	32	Retained earnings, endowment, accumulated inc	come, or c	other funds	44.000	32	
1000	33	Total lieb little and and balances			14,298,837.	33	14,296,293.
_	34	Total liabilities and net assets/fund balances			14,751,974.	34	14,773,180.

	rt XI Reconciliation of Net Assets	94-1	558073	Pag	ge 12
	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	6,578	3.2	65
2	lotal expenses (must equal Part IX, column (A), line 25)	2	6,65		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,298		
5	Net unrealized gains (losses) on investments	5		1,4	
6	Donated services and use of facilities	6		9,4	
7	Investment expenses	7		,, -	-
8	Prior period adjustments	8		-	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,296	5 2	
Pa	Financial Statements and Reporting		-	, , .	
	Check if Schedule O contains a response or note to any line in this Part XII		***************		X
b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche	on a basis,		X	X
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	gle Audit	3a	13241	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit			
			Form 9	90 (2	2017

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

2017

Open to Public Inspection

Employer identification number

GIRLS INCORPORATED OF ALAMEDA COUNTY 94-1558073 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 5 ____ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 8 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 university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ly) Is the ornar (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 GIRLS INCORPORATED OF ALAMEDA COUNTY 94-15580

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 94-1558073 Page 2

(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.)

Se	ection A. Public Support						
Ca	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	(A) Tatal
	Gifts, grants, contributions, and	1	(5)2511	(0)2010	(4) 2010	(e) 2017	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	6,047,629.	4,264,127.	4,950,656.	4,742,628.	6,039,331.	26,044,371.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				,		
	the organization without charge						
4	Total. Add lines 1 through 3	6,047,629.	4,264,127.	4,950,656.	4,742,628.	6,039,331.	26,044,371.
5			CAN TEMA			1171 MINESON WAR	20,011,0/1.
	by each person (other than a	CFREE BILL					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				200	THE STATE	
	amount shown on line 11,						
	column (f)						4 454 702
6	Public support. Subtract line 5 from line 4.		epite Market	A1 (485) A	2000 201 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 N 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	4,454,703.
Se	ction B. Total Support	The state of the s	Contract of the contract of th	12 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Designation of the Parket	ACCUPATION AND ADDRESS OF THE PARTY OF THE P	21,589,668.
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(-) 0047	(0.T.)
	Amounts from line 4	6,047,629.	4,264,127.	4,950,656.	4,742,628.	(e) 2017 6,039,331.	(f) Total
	Gross income from interest,		-,,	4,550,050.	4,742,020.	0,039,331.	26,044,371.
	dividends, payments received on					1	
	securities loans, rents, royalties,						
	and income from similar sources	251,695.	204,297.	200 521	199,377.	201,438.	
9	Net income from unrelated business		201,257.	200,321.	133,311.	201,430.	1,057,328.
	activities, whether or not the					i	
	business is regularly carried on			-			
10	Other income. Do not include gain						
-	or loss from the sale of capital	1					
	assets (Explain in Part VI.)	20,228.	13,251.	6,640.	12,702.	2 200	FF 100
11	Total support. Add lines 7 through 10	ALM COMMISSION	13,231.	0,040.	14,102.	2,299.	55,120.
	Gross receipts from related activities,	eto (coo instructio	Maria See	Total Control of the	Self office , day	The second second	27,156,819.
13	First five years. If the Form 990 is for	the organization's	first second this			12	
-	organization, check this box and stop	here				n 501(c)(3)	
Se	ction C. Computation of Publi	c Support Per	centage	***************************************	*******************		>
	Public support percentage for 2017 (li			olumn (f)		22	79.50 %
15	Public support percentage from 2016	Schedule A Part I	l line 14	Olumin (i))		14	50 60
16a	33 1/3% support test - 2017. If the o	rganization did not	check the boy on	lipo 12 and line 1	14 1- 00 4 /00/	15	78.68 %
	stop here. The organization qualifies a	as a publicly suppo	orted organization	i ine 13, and ine i	14 IS 33 1/3% OF M	ore, check this box	and
b	33 1/3% support test - 2016. If the o	raanization did not	check a how on li	no 10 ou 10 d	F- 45' 00 4'004		X
	and stop here. The organization quali-	fige as a publish of	I TO XUE A DOX OF	ne is or ioa, and	ine 15 is 33 1/3%	or more, check this	s box
17a	and stop here. The organization quality	- 2017 If the oras	upported organiza	tion	40.40		
	10% -facts-and-circumstances test	sand circumstan	inization did not ci	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	est The crassi	ies test, check th	is box and stop he	ere. Explain in Par	t VI how the organia	zation
h	meets the "facts-and-circumstances" to	- 2016 If the	ion qualifies as a p	oublicly supported	organization		
~	10% -facts-and-circumstances test	- 20 io. If the orga	mization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	umetanoca" tast 7	instances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
18	organization meets the "facts-and-circ	did not chack -	ne organization q	uaimes as a public	ly supported orga	nization	
	Private foundation. If the organization	did not check a c	ox on line 13, 16a	, 10D, 1/a, or 17b	, cneck this box ar	nd see instructions	▶□

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(6) T-1-1
1 Gifts, grants, contributions, and		(5)2514	(0)2015	(u) 2018	(e) 2017	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-		II.				
formed, or facilities furnished in		1			1	
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		-				
are not an unrelated trade or bus-						
iness under section 513				1		
4 Tax revenues levied for the organ-	- 1000			 	-	
ization's benefit and either paid to						
or expended on its behalf			1		1	
The Control of the Co				1		
5 The value of services or facilities						
furnished by a governmental unit to						E
the organization without charge						*
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		1			100	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the					1	
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)			对于一种的	1 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Section B. Total Support						
calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6				1-7	(6/2011	(i) Total
10a Gross income from interest.						104
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income				-		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on 2 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First five years. If the Form 990 is for the	ne organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiza	ation,
check this box and stop here	******************					
ection C. Computation of Public	Support Pe	rcentage				
5 Public support percentage for 2017 (line	e 8, column (f) di	ivided by line 13, c	olumn (f))		15	g
6 Public support percentage from 2016 S	chedule A, Part	III, line 15			16	9
ection D. Computation of Invest	ment Incom	e Percentage		70-50-50-50-50-50-50-50-50-50-50-50-50-50		
7 Investment income percentage for 2017	(line 10c, colun	nn (f) divided by lin	e 13, column (f))	******************	17	9
8 Investment income percentage from 20	16 Schedule A,	Part III, line 17			18	9
9a 33 1/3% support tests - 2017. If the or	rganization did n	ot check the box of	on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2016. If the or	ganization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3% a	nd
line 18 is not more than 33 1/3%, check	this box and sto	op here. The organ	ization qualifies a	is a publicly suppo	orted organization	▶□
O Private foundation. If the organization	did not check a	box on line 14, 19a	, or 19b, check th	nis box and see in:	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		Mag
3b		
3c		
4a	HALL	
4b	W.1-	**************************************
4c		
5a	1123	201
5b 5c		
6		
7		
8		MAK
9a	200	
9b	21.0	
19 Wh/1.	To all	H.H
9c		
10a 10b		

Has the organization accepted a gift or cortifuency into many of the following persona? a A person who directly or indirectly controls, either alone or together with personal described in (b) and (c) below, the governing body of a supported organization? below, the governing body of a supported organization? A family member of a person described in (a) body? A family member of a person described in (a) body? A family member of a person described in (a) body? A family member of a person described in (a) body? A family member of a person described in (a) body? 10 bit the directors, trustees, or membership of one or more supported organizations have the power to impulsify appoint or elect at least a majority of the organization as directors or frustees at all times cluring the tax year? If who, 'discribe in Part VI have the supported organization and more than one supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization of describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization organization and what conditions or restrictions, and yea, applied to such organization of the supported organization of the powers to appoint and/or remove director or frustees were allocated among the supported organization organization or controlled the organization and what conditions or restrictions, and yea, applied to support and organization (a) that operated, supported organization of the powers during the tax year. Did the organization sponteries or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization (b). The part VI how control or management of the supporting Organizations was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled organization	Sch	edule A (Form 990 or 990-EZ) 2017 GIRLS INCORPORATED OF ALAMEDA COUNTY 94-	155807	3 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A A person who directly or infecting controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (g) or (b) above? A 389% controlled entity of a person described in (g) or (b) above? If 'Yes' to e, b, or c, provide detail in Part VI. 11b 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If 'No, 'describe in Part VI have the supported organization(s) effectively operated, supervised, or controlled the arganization and what conditions or restrictions; If any appelled to such powers during the tax year. 2 Did the organization operate for the benefit called out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of the provised diversity of the organization operated for the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of the provised diversity of the organization of directors or trustees during the tax year also a majority of the directors or trustees of the supported organization of the provised diversity of the organization of directors or trustees during the tax year also a majority of the directors or trustees of each of the organization organizations organizations are provided to the supported organization organization organization organizations are supported organizations and the same persons that controlled or managed the supported organization organizations are supported organizations. 1 Did the organization is powering organization was vested in the same persons that controlled or managed to the supported organizations are provided to the organization organizations are provided to the organization or	Ра	rt IV Supporting Organizations (continued)			
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	SEL 321	5 17	100
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	15		100
activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		reasons for the organization's position that its supported organization(s) would have engaged in these	27	10 D	
Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		activities but for the organization's involvement.	2b	1.020	1416
 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3	Parent of Supported Organizations. Answer (a) and (b) below.	11,717,13	CALLAND I	X27735.
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		120	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 53	trustees of each of the supported organizations? Provide details in Part VI.	3a	SE TEL	personal re-
or its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	25.4	7800
2025 10-06-17	1	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	200

1 Ne 2 Re 3 Oth 4 Ad 5 De 6 Po col ma 7 Oth 8 Ad 6 Section 1 Agg ins a Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must content to the Type III non-functionally integrated supporting organizations must content to the Type III non-functionally integrated supporting organizations must content to the Type III non-functionally integrated supporting organizations must content to the Type III non-function or supported in the Type III non-function or support to the Type III non-function or support to the Type III non-function of income (see instructions) the type III non-function of income (see instructions) the type III non-function of II n	1 2 3 4 5 6 7 8 8	Sections A through E. (A) Prior Year (A) Prior Year	(B) Current Year (optional) (B) Current Year (optional)
1 Ne 2 Re 3 Oth 4 Ad 5 De 6 Po col ma 7 Oth 8 Ad 6 Section 1 Agg ins a Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	A - Adjusted Net Income at short-term capital gain accoveries of prior-year distributions her gross income (see instructions) ad lines 1 through 3 appreciation and depletion prior of operating expenses paid or incurred for production or allection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) Aljusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount agregate fair market value of all non-exempt-use assets (see astructions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	1 2 3 4 5 5 6 7 8 8	(A) Prior Year	(optional) (B) Current Year
2 Re 3 Ott 4 Ad 5 De 6 Po col ma 7 Ott 8 Ad Section I 1 Agg ins a Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	coveries of prior-year distributions ther gross income (see instructions) defines 1 through 3 expreciation and depletion priction of operating expenses paid or incurred for production or ellection of gross income or for management, conservation, or elintenance of property held for production of income (see instructions) her expenses (see instructions) Hjusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount Igregate fair market value of all non-exempt-use assets (see estructions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	2 3 4 5 6 7 8	(A) Prior Year	
3 Ott 4 Ad 5 De 6 Po col ma 7 Ott 8 Ad Section I 1 Age ins a Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	ther gross income (see instructions) Id lines 1 through 3 Expreciation and depletion Pricin of operating expenses paid or incurred for production or Illection of gross income or for management, conservation, or Paintenance of property held for production of income (see instructions) Her expenses (see instructions) Iljusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount Igregate fair market value of all non-exempt-use assets (see Estructions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	3 4 5 6 7 8	(A) Prior Year	
4 Ad 5 De 6 Po col ma 7 Ott 8 Ad Section I 1 Agg ins a Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	dd lines 1 through 3 speciation and depletion ortion of operating expenses paid or incurred for production or ellection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) lijusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	6 7 8	(A) Prior Year	
5 De 6 Po col ma 7 Ottl 8 Ad Section I 1 Agg ins a Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	epreciation and depletion ortion of operating expenses paid or incurred for production or ellection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) lijusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	6 7 8	(A) Prior Year	
7 Oth 8 Add Section 1 Aggins a Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	ortion of operating expenses paid or incurred for production or illection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) B - Minimum Asset Amount Gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	6 7 8	(A) Prior Year	
7 Otthe Add Add Add Add Add Add Add Add Add Ad	Illection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount Igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	7 8	(A) Prior Year	
7 Otthe Add Add Add Add Add Add Add Add Add Ad	Illection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount Igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	7 8	(A) Prior Year	
7 Otthe Add Add Add Add Add Add Add Add Add Ad	aintenance of property held for production of income (see instructions) her expenses (see instructions) ljusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	7 8	(A) Prior Year	
7 Otth 8 Ad Section 1 Ag ins a Ave b Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount Igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	7 8	(A) Prior Year	
1 Aggins a Ave b Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	B - Minimum Asset Amount gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances	1a	(A) Prior Year	
1 Aggins a Ave b Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances		(A) Prior Year	
a Avo	erage monthly value of securities erage monthly cash balances		A STATE OF THE PARTY OF T	
a Ave b Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	erage monthly value of securities erage monthly cash balances			
a Ave b Ave c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see	erage monthly value of securities erage monthly cash balances			
c Fai d Tot e Dis fac 2 Acc 3 Sul 4 Cas see				ETT TO A DESIGNATION OF THE PETT OF THE
d Tote e Dis fac 2 Acc 3 Sul 4 Cas see	ir manufant value of attended	1b		
d Tote e Dis fac 2 Acc 3 Sul 4 Cas see	if market value of other non-exempt-use assets	1c		
e Dis fac 2 Acc 3 Sul 4 Cas see	tal (add lines 1a, 1b, and 1c)	1d		
fac 2 Acc 3 Sul 4 Cas see	scount claimed for blockage or other	CARACTE .	CONTROL OF THE PARTY OF THE PAR	Fig Alexand againment
2 Acc 3 Sul 4 Cas see	etors (explain in detail in Part VI):	14.04		
3 Sul 4 Cas see	quisition indebtedness applicable to non-exempt-use assets	2	The state of the s	12920 CALLES
see	btract line 2 from line 1d	3		
see	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
	e instructions)	4		
5 Net	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by .035	6		
7 Rec	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section (C - Distributable Amount		DOMEST	Current Year
1 Adj	justed net income for prior year (from Section A, line 8, Column A)	1		
	ter 85% of line 1	2	TANKS TO STATE OF THE PARTY OF	
3 Min	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
	ter greater of line 2 or line 3	4	TOTAL CONTRACTOR OF THE PARTY O	
	come tax imposed in prior year	5	Washing Co.	
	stributable Amount. Subtract line 5 from line 4, unless subject to	-	CLT III	
em		6	The state of the s	

Schedule A (Form 990 or 990-EZ) 2017

	rt V Type III Non-Functionally Integrated 509			04-1558073 Page 7
Sect	ion D - Distributions	1-/(c/	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		Ourient real
2	Amounts paid to perform activity that directly furthers exem organizations, in excess of income from activity			
2				VIII VIII VIII VIII VIII VIII VIII VII
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatio	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsiv	ve .	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	STAN THE WHILE		
2	Underdistributions, if any, for years prior to 2017 (reason-	AND THE PARTY	N	PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a		70 - 1000	STATE OF STREET	
b	From 2013		4000	2000
-	From 2014	The Percentile of the		oversely discussion
	From 2015	434.9		The state of the s
е	From 2016		The state of the state of the	
	Total of lines 3a through e	THE AREA COURTS ASSESSMENT OF	121 A 244 A	Standard Standard
	Applied to underdistributions of prior years	William Table of the second	at the second of	100
	Applied to 2017 distributable amount		TO THE PERSON NAMED AND ADDRESS OF THE PARTY.	Territory Courses States
	Carryover from 2012 not applied (see instructions)	Transport of the second of the	E CONTROL TURBUTA	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	The state of the s		Particle (1885) Service (1885)
4	Distributions for 2017 from Section D,	1500 340 200 300		ATTION OF THE STATE OF T
	line 7: \$	The section of	The other 1852	
а	Applied to underdistributions of prior years		PACT TREETY AND SECURITY	Comments of the second
	Applied to 2017 distributable amount	The state of the s	7747	100 mm m m m m m m m m m m m m m m m m m
	Remainder, Subtract lines 4a and 4b from 4.	The same of the sa	Service Control of the Control of th	EL KITTINE PRANSLITERE LA RES
5	Remaining underdistributions for years prior to 2017, if	E DESTRUCTION OF THE STATE OF THE	editor and the second	OT PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			Company of the Company
6	Remaining underdistributions for 2017. Subtract lines 3h	The state of the s	A THE STREET PROPERTY OF STREET	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T
	and 4b from line 1. For result greater than zero, explain in		Alexan Toyan Table	
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j	STATE OF THE STATE	THE SECOND STREET STREET	AT A SECURE TANAPA SECURITION AND
	and 4c.			
8	Breakdown of line 7:	F41.0/2007 008899 0.1788	Application of the property of the contract of	AND THE RESERVED
_	Excess from 2013		PER CONTROL VILLE CONTROL	IN THE RESERVE TO THE
	Excess from 2014	10 magning (1)	AND THE PERSON NAMED IN COLUMN	Mary Carlotte Control of the Control
	Excess from 2015	1 5 4 60 450 1750	THE THE PARTY OF T	Part Part Control
	Excess from 2016		THE RESERVE OF THE PARTY OF THE	CARROLL COMMENTS OF THE PARTY O
	Excess from 2017	Control of the contro	Carrier of the second of the s	COUNTY AND THE PARTY OF
_		The second of th	The state of the s	

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information Provide the Provi	Page 8
raitvi	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section B, lines 1, 2and 8; and Part IV, Section B, lines 2, 5, and 6, Alexandrian B, and B, an	
-	(See instructions.)	

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View -		
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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 Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF ALAMEDA COUNTY

Employer identification number 94-1558073

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised	fundo	/E) F	
1	Total number at end of year	(a) Donor advised	Tunas	(b) Fu	nds and other accounts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	mileta material di series			
0.75	are the organization's property, subject to the organization's	riting that the assets hel	d in donor advised	d funds	
6	are the organization's property, subject to the organization's e	xclusive legal control?		*********	Yes N
	Did the organization inform all grantees, donors, and donor action charitable purposes and not for the benefit of the donor.	visors in writing that grai	nt funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?	donor advisor, or for any	y other purpose co	onferring	
Pa	impermissible private benefit? It I Conservation Easements. Complete if the organization	mination and the same			Yes No
1	The organization of the or	inization answered "Yes"	on Form 990, Par	rt IV, line 7	
((5.)	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or ed				
	Protection of natural habitat		rvation of a historic	cally impo	rtant land area
	Preservation of open space	Prese	rvation of a certifie	ed historic	structure
2		The state of the s			
_	Complete lines 2a through 2d if the organization held a qualified	d conservation contribu	tion in the form of	a conserv	ation easement on the last
2	day of the tax year.			15,0225	Held at the End of the Tax Yea
h	Total number of conservation easements			2a	
5	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.	cture included in (a)		2c	
u	Number of conservation easements included in (c) acquired at	ter 7/25/06, and not on a	a historic structure		
•	listed in the National Register			2d	
3	releasements modified, transferred, rele	ased, extinguished, or te	rminated by the or	rganization	n during the tax
	year -				
4	Number of states where property subject to conservation ease	ment is located			
5	Does the organization have a written policy regarding the period	dic monitoring, inspectio	on, handling of		
	violations, and enforcement of the conservation easements it is	nolds?	************************		Yes No
6	In and volunteer nours devoted to monitoring, inspecting, h	andling of violations, and	d enforcing consen	vation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handline \$	ng of violations, and enfo	orcing conservation	n easemer	nts during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170/hV	AVDVO	
	and section 170(h)(4)(B)(ii)?	outlory the requirements	or section 170(n)(4)(0)(1)	
9	In Part XIII, describe how the organization reports conservation	pasamente in ite rovenu	o and a second		Yes No
	include, if applicable, the text of the footnote to the organization	n's financial statements	that describes the	atement, a	and balance sheet, and
	conservation easements.	in a mancial statements	trial describes the	organizat	ion's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Trea	Sures or Oth	or Simil	ar Accete
	Complete if the organization answered "Yes" on Form 9	90. Part IV. line 8	ource, or other	er Simili	ai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC	958) not to report in its	roughly statemen	* (h - 1	V 1 3 3 4
	historical treasures, or other similar assets held for public exhibits to the fortunation of the fortunation	sition education or reco	revenue statemen	it and bala	ince sheet works of art,
	the text of the footnote to its financial statements that describe	es these items	arcri in furtherance	of public	service, provide, in Part XIII,
	If the ergonization alast describe	058) to report in its reve			
b	il ule organization elected, as permitted under SEAS 118 (ASC	936), to report in its reve	onue statement an	d balance	sheet works of art, historical
b	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edu-	notion or research to 6		service r	
b	treasures, or other similar assets held for public exhibition, edu	cation, or research in fun	therance of public	, , , ,	rovide the following amounts
b	relating to these items:				
b	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	0.110		> 9	
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			> \$	
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	ures, or other similar ass	ets for financial ga	> \$	
2	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas the following amounts required to be reported under SFAS 116	ures, or other similar asso	ets for financial ga	in, provide	
2 a	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	ures, or other similar asso (ASC 958) relating to the	ets for financial ga	in, provide	

	edule D (Form 990) 2017 GIRLS II	NCORPORATE	D OF ALAME	DA COUNTY		94-15	5807	3 Page 2
-	organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Simil	ar Asse	ets(conti	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collectio	n items
	(check all that apply):							
č		d	Loan or exc	hange programs				
ł		е	Other		- 1021			
(and the second second				1115		190	
4	Provide a description of the organization's co	lections and explain	how they further t	he organization's ex	kempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simi	lar assets			
10	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes	No No
Pa	reported an amount on Form 990, Par	gements. Comple t X, line 21.	te if the organization	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or	
18	Is the organization an agent, trustee, custodia		iary for contribution	s or other assets n	ot included			
	on Form 990, Part X?		ary for contribution	is or other assets in	ot included	7	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				⊥ res	LAL NO
		and complete the following	owing table.			- 370,000	Amoun	
C	Beginning balance				1c		Amoun	-
c	Additions during the year				1d		141	
е	Distributions during the year				1e			
f	Ending balance		***************************************	*******************************	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account lial	oility?	750	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III		_ 103	
Pa	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		(a) Current year	(b) Prior year	(c) Two years back		rears back	(e) Four	years back
1a	Beginning of year balance	178,181.	165,725.	180,390	-	76,548.	(0)	163,079.
b	Contributions							
C	Net investment earnings, gains, and losses	10,187.	21,050.	-4,085		5,618.		21,702.
d	Grants or scholarships	8,300.		- Marie Mari				
е	Other expenditures for facilities		- William					
	and programs		8,594.	10,580		1,776.		8,233.
f	Administrative expenses							
g	End of year balance	180,068.	178,181.	165,725.	. 1	80,390.	72.00	176,548.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment ► 74.42	%						
C	Temporarily restricted endowment ▶ 25							
	The percentages on lines 2a, 2b, and 2c should	ild equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the organiz	ation		
	by:							Yes No
	(i) unrelated organizations				*****		3a(i)	X
	(ii) related organizations						3a(ii)	X
b	in res on line sa(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.					
Pa	rt VI Land, Buildings, and Equipme						23.5%	
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part)	K, line 10.	- William		
	Description of property	(a) Cost or other basis (investment)	The state of the s		Accumulate epreciation	d	(d) Book	value
1a	Land				20141111111	14161		
b	Buildings		60	2,664.	176,93	26.	42	738.
C	Leasehold improvements							7.30.
d	Equipment		21	6,733.	216,73	33.		0.
	Other							
	. Add lines 1a through 1e. (Column (d) must eq	4	2	8,346.	23,53	12.	- 4	,834.

Schedule D (Form 990) 2017 GIRLS INCOF Part VII Investments - Other Securities.				94-1558073 P
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, I	ne 11b. See Form 9	90, Part X, line 12.	
	(b) Book value	(c) Method	of valuation: Cost of	or end-of-year market valu
(1) Financial derivatives				
2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				ALGEBRA
(D)			1000000	
(E)				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		Francis - Aleger		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, Iii	ne 11c. See Form 9	90, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method	of valuation: Cost o	or end-of-year market valu
(1)				
(2)				
(3)				
(4)				
(5)		11/2		
(6)				
(7)				2000
(8)				
(8) (9) [otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
(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" (a)	on Form 990, Part IV, lin	ne 11d. See Form 98	90, Part X, line 15.	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, lir Description	ne 11d. See Form 98	90, Part X, line 15.	(b) Book value
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(8) (9) fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (1) (2) (3)	on Form 990, Part IV, lir Description	ne 11d. See Form 9	90, Part X, line 15.	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (1) (2)	on Form 990, Part IV, lir Description	ne 11d. See Form 9	90, Part X, line 15.	(b) Book value
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(8) (9) fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)	on Form 990, Part IV, lir Description	ne 11d. See Form 9	90, Part X, line 15.	(b) Book value
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(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, lir Description	ne 11d. See Form 9	90, Part X, line 15.	(b) Book value
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(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" (a) 1 (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	Description	ne 11d. See Form 98	90, Part X, line 15.	(b) Book value
(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" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description			>
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(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" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description			>
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(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f. See F		>
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	dule D (Form 990) 2017 GIRLS INCORPORATED OF AL t XI Reconciliation of Revenue per Audited Financial State	AMEDA COUNT	Y 94-155807	3 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	one por riotariii	
1	Total revenue, gains, and other support per audited financial statements	120,	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	10 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	20	704	
d	Other (Describe in Part XIII.)	2c		
е	Add lines 2a through 2d	2d		
3	Add lines 2a through 2d Subtract line 2e from line 1	***************************************	2e	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
1	Investment expenses not included as Form 200, But AVIII is	T E	77.75	
b	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2 1 1 1 1 1 1 1	
2	Other (Describe in Part XIII.)	4b		
-	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		E .	
r ar	t XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	12.164	
b	Prior year adjustments	2b	52.75	
C	Other losses	2c		
а	Other (Describe in Part XIII.)	2d	4 6 1 7 7 7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	42		
b	Other (Describe in Part XIII.)	4b	N.C.	
C	Add lines 4a and 4b	40	372.114	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*************************	4c	
Par	XIII Supplemental Information.	***************************************	5	
Providines 2	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	art IV, lines 1b and 2b additional information.	; Part V, line 4; Part X, line 2; Pa	rt XI,
PAR	T X, LINE 2:			
THE	PREPARATION OF FINANCIAL STATEMENTS IN	CONFORMITY	WITH ACCOUNTING	
	NCIPLES GENERALLY ACCEPTED IN THE UNITED			
	LS INC. TO REPORT INFORMATION REGARDING			
	ITIONS TAKEN BY THE GIRLS INC. MANAGEMEN			
	POSITIONS HAVE MET THE RECOGNITION THRE			
3IR.	LS INC.'S EXPOSURE TO THOSE TAX POSITION	S. MANAGEM	ENT BELIEVES THA	AT AS
OF (JUNE 30, 2018 GIRLS INC. HAS ADEQUATELY	ADDRESSED A	LL RELEVANT TAX	
POS	ITIONS AND THAT THERE ARE NO UNRECORDED	TAX LIABILI	TIES.	
AR	r V, LINE 4			

THE ORGANIZATION HAS 2 INDIVIDUAL ENDOWMENT FUNDS RESTRICTED BY DONORS FOR

Schedule D (Form 990) 2017

732054 10-09-17

Sched	ule D (For	m 990) 20	17	G	IRLS	INC	ORP	ORATED	OF	ALAMEDA	COUNT	Y	94-1	5580	073	Page 5
Part	XIII Su	m 990) 20 ippleme	ntal l	nforma	ition (c	continuea)									
THE	FOLL	OWING	PUI	RPOSE	S: A	NNUA	L C	OLLEGE	SCI	HOLARSHI	P FUND	IN	HONOR	OF	KR	ISTI
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Yes

Schedule G (Form 990 or 990-EZ) 2017

(v) Amount paid

Department of the Treasury Internal Revenue Service

Part I

C

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

Name of the organization

compensated at least \$5,000 by the organization.

Employer identification number GIRLS INCORPORATED OF ALAMEDA COUNTY 94-1558073 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

(iii) Did

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have o or con contrib	Did raiser sustody ntrol of utions?	(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		***	
(1780)						1000
					P	
						20-12-1
		_				
tal						***************************************
3 List all states in which the organization is or licensing.	registered or licensed to so	olicit contrib	utions	or has been notified	it is exempt from re	egistration
				-		
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			1000			
		1				
A For Paperwork Reduction Act Notice, s	see the Instructions for F	orm 990 or	990-E	z. s	chedule G (Form 99	00 or 000-E7\ 201

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events STRONG, SMART NONE (add col. (a) through GALA & BOLD col. (c)) (event type) (event type) (total number) 967,584. 560,930. 406,654. 1 Gross receipts 376,654. 889,584. 2 Less: Contributions 512,930. 78,000. 48,000. 30,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 19,969. 6,779. 26,748. 6 Rent/facility costs 7 Food and beverages 13,793. 28,031. 41,824. 8 Entertainment 4,437. 4,437. Other direct expenses 73,009. 10 Direct expense summary. Add lines 4 through 9 in column (d) 4,991. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 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) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017 GIRLS INCORPORATED OF ALAMEDA COUNTY

94-1558073 Page 2

Sche	odule G (Form 990 or 990-EZ) 2017 GIRLS INCORPORATED OF ALAMEDA COUNTY 94-1	558073	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		0/
а	The organization's facility	13a	<u>%</u>
b	An outside facility	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address >		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	☐ No
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	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided >		
			7.
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
"	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		121/1/22
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b,	10b, 15b,
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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Schedule G	(Form 990 or 990-EZ) Supplemental Infor	GIRLS	INCORPORATED	OF	ALAMEDA	COUNTY	94-1558073	Page 4
Part IV	Supplemental Infor	mation (co	ntinued)					
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SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Part

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

N Employer identification number 94-1558073 Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Go to www.irs.gov/Form990 for the latest information. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant GIRLS INCORPORATED OF ALAMEDA COUNTY (c) IRC section (if applicable) General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization

Schedule I (Form 990) (2017) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732101 11-01-17

GIRLS INCORPORATED OF ALAMEDA COUNTY

Page 2

94-1558073

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017)
Part III Grants and Other

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 0. 0 0 0 8,300. 4,000. (c) Amount of cash grant 36,000. 7,500 1,599. (b) Number of recipients (a) Type of grant or assistance BEAVER FOUNDATION SCHOLARSHIP COLLEGE SHOWER SCHOLARSHIP BRILLIANT INK SCHOLARSHIP YAMAGUCHI SCHOLARSHIP SSB SCHOLARSHIP

Schedule I (Form 990) (2017)

Schedule I (Form 990) GIRLS INCORPORATED OF ALIAMEDA COUNTY Both III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	TED OF A	d States (Schedule	N.T. X 1 (Form 990), Part III)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CARMEL PARTNERS SCHOLARSHIP	1	2,500.	0.		
					Schedule I (Form 990)

SCHEDULE M (Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number

Schedule M (Form 990) 2017

GIRLS INCORPORATED OF ALAMEDA COUNTY 94-1558073 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes Intellectual property Securities - Publicly traded X 110,213.FAIR MARKET VALUE Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other > (OAKLAND RAIDE) X 5,750.COST 26 Other > 27 Other > 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

chedule M	(Form 990) 2017	GIRLS	INCORP	ORATED	OF A	LAMEDA	COUNTY	94-1558073	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informati I, column (I	tion. Provid b), the number formation.	e the informater of contribut	tion requir	ed by Part I number of it	, lines 30b, 32b ems received, (, and 33, and whether the organ or a combination of both. Also co	ization omplete
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Department of the Treasury internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF ALAMEDA COUNTY

Employer Identification number

Schedule O (Form 990 or 990-EZ) (2017)

94-15580/3
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION STATEMENT
SINCE 1958, GIRLS INC. HAS RESPONDED TO THE UNIQUE NEEDS OF GIRLS.
TODAY, GIRLS INC. SERVES MORE THAN 11,200 PARTICIPANTS, FAMILIES, AND
COMMUNITY MEMBERS AT 22 SERVICE CENTERS AND PUBLIC SCHOOLS IN OAKLAND,
SAN LEANDRO AND HAYWARD. WE OFFER A CONTINUUM OF PROGRAMS FOCUSED ON
AREAS THAT ARE DEVELOPMENTALLY APPROPRIATE AND CRITICAL FOR
PARTICIPANTS TO THRIVE AT ALL STAGES OF CHILDHOOD. SERVING PARTICIPANTS
FROM K-12TH GRADE AND THEIR FAMILIES, PROGRAM SERVICES INCLUDES
LITERACY INTERVENTION, HEALTH AND WELLNESS, STEM, LIFE-SKILLS, COLLEGE
AND CAREER READINESS AND MENTAL HEALTH. BY INCORPORATING LOCAL NEEDS
INTO RESEARCH-BASED CURRICULA, GIRLS INC. HAS ESTABLISHED ITSELF AS A
LEAD PROVIDER OF SUPPLEMENTAL EDUCATION AND MENTAL HEALTH SERVICES.
GIRLS INC. PARTICIPANTS AND FAMILIES REPRESENT THE DIVERSITY OF THE
EAST PRIORITIZES SERVING FAMILIES OF VERY LOW SOCIO-ECONOMIC STATUS.
WITH 98% OF GIRLS IDENTIFYING AS GIRLS OF COLOR, 48% SPEAK A LANGUAGE
OTHER THAN ENGLISH AT HOME AND 90% ARE ELEIGIBLE FOR FREE AND REDUCED
PRICE MEALS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND ACADEMIC SUCCESS WHILE SPARKING AN INTEREST IN STEM.
WE HAVE EVIDENCE DEMONSTRATING THE POSITIVE IMPACT OUR PROGRAMS HAVE ON
OUR GIRLS. GIRLS IN OUR K-3RD GRADE GIRLSTART PROGRAM, REFERRED DUE TO

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

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Name of the organization

GIRLS INCORPORATED OF ALAMEDA COUNTY

Employer identification number 94-1558073

BELOW-GRADE-LEVEL LITERACY, INCREASE THEIR SPELLING, WRITING, SPEAKING,
AND READING LEVELS, THUS CLOSING THE ACHIEVEMENT GAP TO FUTURE ACADEMIC
SUCCESS.

WE HAVE MORE FULLY INTEGRATED TRAINING AND EVALUATION INTO ELEMENTARY

PROGRAMMING. WE HAVE REORGANIZED OUR STAFF TO SUPPORT OUR CONTINUOUS

LEARNING MODEL AND INCORPORATED CROSS ORGANIZATIONAL TRAININGS FOR MORE

SYNERGY AMONGST OUR STAFF AND LEADERSHIP. THIS YEAR STAFF HAVE NOT ONLY

RECEIVED DIRECT SERVICE TRAINING BUT TRAINING REGARDING PROFESSIONAL

DEVELOPMENT AROUND MANAGING STAFF, TIME MANAGEMENT AND MANY OTHERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PATHWAYS' GOALS INCLUDE REDUCING BARRIERS TO OVERALL CARE FOR CHILDREN

AND FAMILIES. WE DO THIS BY DELIVERING SERVICES TO THOSE CHILDREN MOST

IN NEED AND BY LOCATING OUR SERVICES IN UNDER-RESOURCED COMMUNITIES AND

SCHOOL CAMPUSES. INCREASING ACCESS TO OVERALL CARE ALSO HELPS REDUCE

THE SENSE OF STIGMA THAT MANY PEOPLE FEEL REGARDING ANY NEED FOR MENTAL

HEALTH CARE.

SINCE 1999, PATHWAYS' CONSULTATION SERVICES HAVE INCLUDED TWICE-MONTHLY

MEETINGS CONVENED BY A STAFF CLINICIAN FOR ALL GIRLS PROGRAMMING STAFF

AND MANAGERS. AT CONSULTATION MEETINGS, YOUTH DEVELOPMENT STAFF CAN

BETTER UNDERSTAND AND PROBLEM-SOLVE CHALLENGES THAT GIRL PROGRAM

PARTICIPANTS AND THEIR FAMILIES ARE ENCOUNTERING. BY DOING SO, STAFF

CAN INCREASE THE POSITIVE EXPERIENCE GIRLS AND THEIR FAMILIES HAVE IN

GIRLS INC. PROGRAMS, IMPROVE THEIR OUTCOME, AND MORE EASILY LINK TO ANY

NEEDED SPECIALTY MENTAL HEALTH (AND OTHER) SERVICES.

Name of the organization

GIRLS INCORPORATED OF ALAMEDA COUNTY

Employer identification number 94-1558073

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CAREER EXPLORATION, LEADERSHIP, SISTERHOOD, FITNESS AND TEAM-BUILDING ACTIVITIES.

-EUREKA! TEEN ACHIEVEMENT PROGRAM (GRADES 8-12): FOSTERING GIRLS'

INTEREST IN SCIENCE, MATH, ENGINEERING, AND TECHNOLOGY, PROVIDING THEM

WITH VALUABLE SUMMER INTERNSHIP OPPORTUNITIES, AND PREPARING THEM FOR

COLLEGE. SUMMERS ARE SPENT ON A COLLEGE CAMPUS.

-ADVOCATING CHANGE TOGETHER (ACT) PROJECT (GRADES 9-12): A YOUTH-LED RESEARCH AND ADVOCACY PROGRAM.

-HEART (HELPING EVERYONE ACHIEVE RESPECT TOGETHER) (GRADES 9-12): A
PEER HEALTH AND SEXUALITY EDUCATION PROGRAM.

-GIRLS RESOURCE CENTER (GRADES 6-12): A DOWNTOWN OAKLAND HUB WHERE GIRLS CAN ACCESS INNOVATIVE AND RESPONSIVE SERVICES AND PROGRAMMING.

GIRLS ARE OFFERED OPPORTUNITIES TO TAKE POSITIVE RISK IN EXPLORING

ADVENTURE SPORTS, LEARN SELF-DEFENSE PRINCIPLES, BECOME THE NEXT

GENERATION OF WOMEN RECORDING ARTISTS AND ENGINEERS, LEARN ABOUT

NUTRITION AND HEALTHY EATING, WORKOUT IN THE FITNESS CENTER,

PARTICIPATE IN YOGA, DEVELOP LEADERSHIP SKILLS AND CREATE CHANGE WITHIN
THEIR COMMUNITY. IN ADDITION, GIRLS MAKE NEW FRIENDS, BECOME MORE

CONFIDENT, FIND THEIR OWN VOICE, AND RECEIVE ACADEMIC SUPPORT AND
COLLEGE AND CAREER READINESS IN A POSITIVE ALL GIRL SPACE.

GIRLS IN OUR MIDDLE SCHOOL PROGRAMS REPORT INCREASED CONFIDENCE AND

INTEREST IN STEM LEARNING OPPORTUNITIES AND CAREERS, PAVING THE WAY TO

A COMMITMENT TO LEARNING. OUR GIRLS REPORT FEELING MORE MOTIVATED

TOWARDS ACADEMIC ACHIEVEMENT, POSITIVE RISK TAKING, AND SETTING HEALTHY

BOUNDARIES. THIS IS REFLECTED IN 100% OF OUR SENIORS WHO GRADUATE FROM

Name of the organization

GIRLS INCORPORATED OF ALAMEDA COUNTY

Employer identification number 94-1558073

INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR

COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR

POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPRORIATE DISCIPLINARY AND

CORRECTIVE ACTION.

STAFF

- ALL STAFF HAVE THE RESPONSIBLITY TO REPORT CONFLICT OF INTEREST AS THEY
 ARISE; THE SENIOR LEADERSHIP TEAM MUST DISCLOSE IN WRITING ANNUALLY ANY
 CONFLICT OF INTEREST.
- CONFLICT OF INTEREST IS DEFINED AS WHEN A DIRECTOR OR EMPLOYER INVOLVED

 IN MAKING A DECISION IS IN THE POSITION TO BENEFIT, DIRECTLY OR INDIRECTLY,

 FROM HIS/HER DEALING WITH THE ORGANIZATION OR PERSON CONDUCTING BUSINESS
 WITH THE ORGANIZATION.
- CONFLICTS THAT ARE DISCLOSED ARE BROUGHT TO THE CEO AND CFO FOR REVIEW AND TO DECIDE ON THE APPROPRIATE RESOLUTION.
- FAILURE TO COMPLY WITH THE STANDARDS CONTAINED IN THE POLICY WILL RESULT IN DISCIPLINARY ACTION THAT MAY INCLUDE TERMINATION, REFERRAL FOR CRIMINAL PROSECUTION, AND REIMBURSEMENT TO THE ORGANIZATION OR TO THE GOVERNMENT, FOR ANY LOSS OR DAMAGE RESULTING FROM THE VIOLATION.

FORM 990, PART VI, SECTION B, LINE 15:

GIRLS INC. CONDUCTS COMPENSATION REVIEWS PERIODICALLY BY UTILIZING

INDEPENDENT OUTSIDE SOURCES SUCH AS MARKET SURVEYS, COMPENSATION

CONSULTANT, ETC.

FORM 990, PART VI, SECTION C, LINE 19:

GIRLS INC. COMPLIES WITH THE FEDERAL AND STATE REQUIREMENTS TO MAKE THE

THREE MOST RECENT 990S AND AUDITED FINANCIAL STATEMENTS WIDELY AVAILABLE BY

732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization GIRLS INCORPORATED OF ALAMEDA COUNTY	Employer identification number 94-1558073
PROVIDING FREE COPIES OF THESE FORMS TO ANY PERSON THAT R	EQUESTS THEM
WITHIN SEVEN DAYS OF THE RECEIPT OF THE REQUEST. GIRLS IN	C. WILL ALSO
PERMIT VISUAL INSPECTIONS OF ITS RETURNS TO ANYONE PERSON	
THE ORGANIZATION'S OFFICES DURING NORMAL WORKING HOURS AN	
REQUEST. GIRLS INC. WILL ALSO MAKE AVAILABLE UPON REQUEST	COPIES OF ITS
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY. GOVE	RNING DOCUMENTS
INCLUDE THE ARTICLES OF INCORPORATION, IRS DETERMINATION	LETTER, AND
BY-LAWS. THE MOST RECENT 990S AND FINANCIAL AUDITS ARE PO	STED ON GIRLS
INC.'S WEBSITE.	
XII, LINE 2C	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPO	ONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT, AND THE ORGANIZATION HAS NOT CHANG	GED ITS
OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR	₹.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection OMB No. 1545-0047 2017

▶ Attach to Form 990.

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

GIRLS INCORPORATED OF ALAMEDA COUNTY

Employer identification number 94-1558073

Schedule R (Form 990) 2017 (g) Section 5 12(b)(13) No controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity Ξ End-of-year assets (e) status (if section Public charity 501(c)(3)) (e) Total income Ð Exempt Code section D Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Legal domicile (state or foreign country) Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

94-1558073

Page 2

Schedule R (Form 990) 2017 GIRLS INCORPORATED OF ALAMEDA COUNTY

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

(a)	(q)	(0)	(p)	(e)	6)	(6)	(F)	-	9	8	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predom (related excluded 1	Shar	Share of end-of-year	Disproportionate allocations?		UBI n box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes	No K-1	(Form 1065)	Yes No	
SIMPSON CENTER FOR GIRLS								_			
MASTER TENANT, LLC -											
45-5551451, 510 16TH STREET,				EXCLUDED SEC			-				
OAKLAND, CA 94615	REAL ESTATE	CA	N/A	512-514	10.	434.	_×		N/A	×	018
							+	+			
								_			
									7	_	
			154					_			
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							70 0	NTA-			

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

(a)	(q)	(c)	(p)	(e)	(J)	(b)	(h)	ij	_
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	rolling	Type (C cor	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	ion (13) olled ty?
L. C. L.		country)						Yes	No
510 16TH STREET INC 45-2441524									
510 16TH STREET	Γ								
OAKLAND, CA 94578	REAL ESTATE	CA		C CORP	241,795.	14,364,642,	100.00%		×
	T								
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								T	

732162 09-11-17

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				*	Yes No	0
	tions with one or more	related organizations liste	d in Parts II-IV?			1777
	intity			12	×	
b Gift, grant, or capital contribution to related organization(s)				1 4	*	
c Gift, grant, or capital contribution from related organization(s)				2 4	1 >	٠,
		********************************	***************************************	2 ;	4	
e Loans or loan guarantees by related organization(s)	***************************************	***************************************		10	4	1.
		***************************************		16	4	, F
f Dividends from related organization(s)					>	
g Sale of assets to related organization(s)			***************************************	= ,	4 >	
ation(s)	***************************************	***********		19	4 >	
				4	4 3	
j Lease of facilities, equipment, or other assets to related organization(s)				= ;	4 >	
				- 10	4	60
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	10000
 Performance of services or membership or fundraising solicitations for related organization(s) 	organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	rganization(s)			13	×	
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	zation(s)			10	×	
 Sharing of paid employees with related organization(s) 				5	×	1
			(A)	2	1	1
 P Reimbursement paid to related organization(s) for expenses 			•	42	>	
 Reimbursement paid by related organization(s) for expenses 			•	40	1 ×	
				2	1 12	100
 Other transfer of cash or property to related organization(s) 			25	÷	×	
s Other transfer of cash or property from related organization(s)				10	×	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	n who must complete t	his line, including covered		2		1
(a) Name of related organization	(b)	(c)	(p)			13
	type (a-s)		Metriod of determining amount involved	De		
(1) 510 16TH STREET INC.	D	265,331.	265,331. FAIR MARKET VALUE			1
(2)						1
(3)		0				1
(4)						T
(5)						1
(9)						Ĩ
732163 09-11-17			Schedule R (Form 990) 2017	orm 99	0) 2017	11

Page 4

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

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

(k) rcentage nnership					
General or Permanaging over the No				 -	
(h) (i) (ii) (j) (k) Bispeper- Code V-UBI General or Percentage Code V-UBI General or Percentage allocations of Schedule K-1 partner? Ves No (Form 1065) Yes No					
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
Predominant income (related, unrelated, excluded from tax under sections 512-514)	٠				
(c) Legal domicile (state or foreign e			-		
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 GIRLS INCORPORATED OF ALAMEDA COUNTY	94-1558073 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE	E AS PARTNERSHIP:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:	
SIMPSON CENTER FOR GIRLS MASTER TENANT, LLC	
EIN: 45-5551451	ala entire and
510 16TH STREET	
OAKLAND, CA 94615	
PRIMARY ACTIVITY: REAL ESTATE	
DIRECT CONTROLLING ENTITY: N/A	
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	WHILE STATE OF THE