

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)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GIRLS INCORPORATED OF CARPINTERIA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5315 FOOTHILL ROAD City or town, state or province, country, and ZIP or foreign postal code CARPINTERIA, CA 93013	D Employer identification number 23-7430292
	F Name and address of principal officer: JAMIE COLLINS SAME AS C ABOVE	E Telephone number (805) 684-6364
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 1,252,373.
	J Website: WWW.GIRLSINC-CARP.ORG	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	H(c) Group exemption number ▶ L Year of formation: 1975 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF GIRLS INCORPORATED OF CARPINTERIA IS TO INSPIRE AND EMPOWER GIRLS AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	65
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 919,136.
9 Program service revenue (Part VIII, line 2g)		300,446.	365,326.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		885.	-5,032.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,999.	81,277.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,293,466.	1,184,256.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	713,379.	749,442.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,240.	16,668.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,771.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	527,636.	639,404.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,261,255.	1,412,514.	
19 Revenue less expenses. Subtract line 18 from line 12	32,211.	-228,258.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,479,357.	End of Year 2,267,520.
	21 Total liabilities (Part X, line 26)	302,561.	314,578.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,176,796.	1,952,942.

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.

Sign Here	Signature of officer JAMIE COLLINS, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name VANESSA M. GARCIA	Preparer's signature Date
	Firm's name ▶ MACFARLANE, FALETTI & CO. LLP Firm's address ▶ 3757 STATE STREET, SUITE 3B SANTA BARBARA, CA 93105	Check if self-employed <input type="checkbox"/> PTIN P01255292 Firm's EIN ▶ 95-2835976 Phone no. 805 966-4157

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:
IN ORDER TO INSPIRE GIRLS AND YOUNG WOMEN TO BE STRONG, SMART AND BOLD, GIRLS INC. OF CARPINTERIA SEEKS TO EMPOWER GIRLS AND WOMEN TO ACHIEVE PERSONAL, SOCIAL, ECONOMIC AND POLITICAL SUCCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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 \$ 114,687. including grants of \$) (Revenue \$ 73,065.)
STRONG: GIRLS INC. FOCUSES ON PHYSICAL AND MENTAL WELL-BEING AND THE AVOIDANCE OF RISKY BEHAVIORS. GIRLS IN OUR PROGRAMS STRENGTHEN THEIR PHYSICAL HEALTH THROUGH SPORTS ENRICHMENT SUCH AS BASKETBALL, VOLLEYBALL, SWIMMING AND GOLF. THEY ALSO PARTICIPATE IN HEALTHY LIFESTYLE PROGRAMMING, ENCOURAGING GIRLS TO MAKE HEALTHY, INFORMED CHOICES ABOUT THEIR BODIES AND TO VALUE THEIR PHYSICAL STRENGTHS AND ABILITIES OVER APPEARANCE.

4b (Code:) (Expenses \$ 459,248. including grants of \$ 7,000.) (Revenue \$ 292,261.)
SMART: WE SUPPORT GIRLS' INTELLECTUAL GROWTH THROUGH ACADEMIC ENRICHMENT, SUPPORT AND POST-SECONDARY READINESS IN A SUPPORTIVE, ALL-GIRL ENVIRONMENT. GIRLS PARTICIPATE IN FUN, HANDS-ON STEAM ACTIVITIES, VISIT COLLEGE CAMPUSES, AND MEET PROFESSIONALS FROM A VARIETY OF FIELDS, WITH A FOCUS ON CONNECTING THEM WITH FEMALE MENTORS. OUR EARLY LITERACY PROGRAM HELPS GIRLS REACH READING BENCHMARKS AND EXPOSES THEM TO CULTURALLY DIVERSE CHARACTERS AND EXPERIENCES. OUR DAILY ACADEMIC SUPPORT BUILDS BOTH SKILLS AND CONFIDENCE.

4c (Code:) (Expenses \$ 177,350. including grants of \$) (Revenue \$)
BOLD: GIRLS INC. SERVES YOUTH AGES 14-18 IN VENTURA COUNTY PROBATION AT THE JUVENILE JUSTICE COMPLEX. GIRLS TAKE PART IN OVER 2,000 HOURS OF PROGRAMMING WHERE THEY ARE ENCOURAGED TO TAKE POSITIVE RISKS AND MASTER PHYSICAL, INTELLECTUAL AND EMOTIONAL CHALLENGES. MAJOR PROGRAMS ADDRESS STEM, PREGNANCY AND DRUG ABUSE PREVENTION, ADOLESCENT HEALTH, VIOLENCE PREVENTION, SELF-ESTEEM BUILDING, JOB SKILLS 101 AND COLLEGE-BOUND EDUCATION. BOLD FUTURES MENTORING PROJECT IN SANTA PAULA COMBINES VOLUNTEER MENTORS, PROFESSIONAL STAFF AND OTHER RESEARCH-BASED PROGRAMMING TO HELP GIRLS AGES 9-14 ENGAGE IN SCHOOL, BUILD HEALTHY RELATIONSHIPS AND REDUCE RISKY BEHAVIORS. RESEARCH DEMONSTRATES EXTENSIVE BENEFITS OF MENTORSHIP, INCLUDING AN INCREASED LIKELIHOOD OF ATTENDING COLLEGE. GIRLS TAKE PART IN 2,500 HOURS OF MENTORING HOURS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 751,285.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section 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?		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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JAMIE COLLINS - (805) 684-6364**
5315 FOOTHILL ROAD, CARPINTERIA, CA 93013

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEFANIE HERRINGTON TRUSTEE	1.00	X						0.	0.	0.
(2) DAWN HOWARD TRUSTEE	0.50	X						0.	0.	0.
(3) CHRIS JACOBS TRUSTEE	0.50	X						0.	0.	0.
(4) MICHELINE G. MIGLIS TRUSTEE	0.25	X						0.	0.	0.
(5) JOHN CERDA TRUSTEE	0.50	X						0.	0.	0.
(6) GAIL PERSON TRUSTEE	0.50	X						0.	0.	0.
(7) KEVIN BAIRD TRUSTEE	0.50	X						0.	0.	0.
(8) TERRI ALLISON TRUSTEE	0.50	X						0.	0.	0.
(9) ORLANDO HERNANDEZ TRUSTEE	1.00	X						0.	0.	0.
(10) SHARON ORGANISTA TRUSTEE	0.50	X						0.	0.	0.
(11) JACQUELYN PAWELA-CREW TRUSTEE	0.50	X						0.	0.	0.
(12) DIANA RIGBY TRUSTEE	0.50	X						0.	0.	0.
(13) THERESA HUERTA PRESIDENT	1.00	X		X				0.	0.	0.
(14) LORI PEARCE VICE PRESIDENT	0.50	X		X				0.	0.	0.
(15) DIANE WONDOLOWSKI SECRETARY	1.00	X		X				0.	0.	0.
(16) JOHN FRANKLIN TREASURER	1.00	X		X				0.	0.	0.
(17) VICTORIA JUAREZ EXECUTIVE DIRECTOR (FORMER)	52.00			X				115,052.	0.	1,724.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELAINE K MAH BEST EXECUTIVE DIRECTOR (FORMER)	40.00			X				0.	0.	0.
(19) JAMIE COLLINS EXECUTIVE DIRECTOR	40.00			X				0.	0.	0.
1b Sub-total								115,052.	0.	1,724.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								115,052.	0.	1,724.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 176,236.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 82,027.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 484,422.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		742,685.			
	Program Service Revenue	2 a PROGRAM SERVICES	Business Code 624410	365,326.	365,326.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			365,326.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		943.		943.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	130,819.			
		(ii) Personal				
		b Less: rental expenses	4,233.			
		c Rental income or (loss)	126,586.			
	d Net rental income or (loss)		126,586.		126,586.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		5,975.		
		c Gain or (loss)		-5,975.		
	d Net gain or (loss)		-5,975.		-5,975.	
	8 a Gross income from fundraising events (not including \$ 176,236. of contributions reported on line 1c). See Part IV, line 18	a	12,600.			
		b Less: direct expenses	57,909.			
c Net income or (loss) from fundraising events			-45,309.		-45,309.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	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	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1,184,256.	365,326.	0.	76,245.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,000.	7,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,564.	26,163.	48,260.	12,141.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	560,477.	460,599.	99,878.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,440.	4,220.	4,220.	
9 Other employee benefits	43,999.	22,565.	21,434.	
10 Payroll taxes	49,962.	36,876.	12,171.	915.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	80,401.	2,833.	77,498.	70.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	16,668.			16,668.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	94,215.	1,041.	88,078.	5,096.
12 Advertising and promotion	39,735.	23,296.	6,982.	9,457.
13 Office expenses	36,787.	3,148.	21,391.	12,248.
14 Information technology	32,471.		29,533.	2,938.
15 Royalties				
16 Occupancy	117,245.	1,729.	115,516.	
17 Travel	15,073.	10,200.	4,873.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,012.	5,162.	7,757.	93.
20 Interest				
21 Payments to affiliates	12,000.		12,000.	
22 Depreciation, depletion, and amortization	78,932.	67,093.	3,946.	7,893.
23 Insurance	29,721.	920.	28,801.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES AND EX	89,812.	78,440.	11,120.	252.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,412,514.	751,285.	593,458.	67,771.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	460,244.	1	376,306.
	2 Savings and temporary cash investments	527,343.	2	528,256.
	3 Pledges and grants receivable, net	147,125.	3	21,159.
	4 Accounts receivable, net	19,381.	4	22,190.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,879.	9	22,968.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,792,670.		
	b Less: accumulated depreciation	10b 1,600,978.	1,176,227.	10c 1,191,692.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	130,158.	15	104,949.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,479,357.	16	2,267,520.	
Liabilities	17 Accounts payable and accrued expenses	81,477.	17	103,144.
	18 Grants payable		18	
	19 Deferred revenue	10,514.	19	23,045.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	210,570.	23	188,089.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	300.
	26 Total liabilities. Add lines 17 through 25	302,561.	26	314,578.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,866,461.	27	1,805,953.
	28 Temporarily restricted net assets	246,859.	28	0.
	29 Permanently restricted net assets	63,476.	29	146,989.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,176,796.	33	1,952,942.
	34 Total liabilities and net assets/fund balances	2,479,357.	34	2,267,520.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,184,256.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,412,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	-228,258.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,176,796.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,404.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,952,942.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization: **GIRLS INCORPORATED OF CARPINTERIA** Employer identification number: **23-7430292**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 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)**.
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	616,907.	679,070.	745,191.	919,136.	742,685.	3702989.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	353,775.	422,110.	391,539.	334,663.	377,926.	1880013.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	970,682.	1101180.	1136730.	1253799.	1120611.	5583002.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	33,230.	30,535.	15,155.	24,986.	14,400.	118,306.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	33,230.	30,535.	15,155.	24,986.	14,400.	118,306.
8 Public support. (Subtract line 7c from line 6.)						5464696.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	970,682.	1101180.	1136730.	1253799.	1120611.	5583002.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	110,405.	119,425.	109,307.	120,188.	131,762.	591,087.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	110,405.	119,425.	109,307.	120,188.	131,762.	591,087.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1081087.	1220605.	1246037.	1373987.	1252373.	6174089.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	88.51 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	64.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	9.57 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	9.67 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
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 its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

GIRLS INCORPORATED OF CARPINTERIA

Employer identification number

23-7430292

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>18,459.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>9,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	 <hr/> <hr/> <hr/>	\$ <u>7,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 11,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	 <hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	 <hr/> <hr/> <hr/>	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 58,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2018

Open to Public Inspection

Name of the organization: GIRLS INCORPORATED OF CARPINTERIA
Employer identification number: 23-7430292

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	75,823.	72,873.	67,459.	65,000.	65,000.
b Contributions					
c Net investment earnings, gains, and losses	4,404.	2,950.	5,414.	2,459.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	80,227.	75,823.	72,873.	67,459.	65,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 2.00 %
- b Permanent endowment 79.00 %
- c Temporarily restricted endowment 19.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		132,456.		132,456.
b Buildings		2,345,846.	1,399,739.	946,107.
c Leasehold improvements				
d Equipment		254,010.	166,534.	87,476.
e Other		60,358.	34,705.	25,653.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,191,692.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	300.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	300.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,192,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	8,637.	
e	Add lines 2a through 2d		2e	8,637.
3	Subtract line 2e from line 1		3	1,184,256.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,184,256.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,416,747.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,233.	
e	Add lines 2a through 2d		2e	4,233.
3	Subtract line 2e from line 1		3	1,412,514.
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,412,514.

Part XIII Supplemental Information.

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

PART V, LINE 4:

DURING THE YEAR ENDED JUNE 30, 2014, THE ORGANIZATION ESTABLISHED AN ENDOWMENT, WHICH CONSISTS OF BOARD DESIGNATED AND DONOR-RESTRICTED ENDOWMENT FUNDS WITH A THIRD PARTY AND WHICH NOW CONSISTS OF A BENEFICIARY INTEREST IN ASSETS HELD BY OTHERS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

A PORTION OF THE EARNINGS FROM THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE FOR SCHOLARSHIPS. THE REMAINING EARNINGS FROM THE PERMANENTLY

Part XIII Supplemental Information (continued)

RESTRICTED AND BOARD DESIGNATED FUNDS ARE USED FOR GENERAL SUPPORT.

PART X, LINE 2:

GIRLS, INC. IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS AT JUNE 30, 2019, OR FOR ANY PERIOD FOR WHICH THE STATUTE OF LIMITATIONS IS STILL OPEN.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY

OTHERS	4,404.
RENTAL EXPENSES	4,233.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	8,637.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	4,233.
-----------------	--------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **GIRLS INCORPORATED OF CARPINTERIA** Employer identification number **23-7430292**

Part I 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.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
WRITE TEAM - 5386 HOLLISTER AVE, SUITE E, SANTA BARBARA,	GRANT WRITING		X	345,000.	16,668.	328,332.
Total				345,000.	16,668.	328,332.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		1	1	1		
		1	1	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	123,875.	60,836.	4,125.	188,836.
	2	Less: Contributions	120,000.	52,236.	4,000.	176,236.
	3	Gross income (line 1 minus line 2)	3,875.	8,600.	125.	12,600.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	35,141.	14,008.		49,149.
	8	Entertainment				
	9	Other direct expenses	4,310.	4,450.		8,760.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				57,909.
11	Net income summary. Subtract line 10 from line 3, column (d)				-45,309.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No
 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: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 ▶ _____

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: WRITE TEAM

(I) ADDRESS OF FUNDRAISER:

5386 HOLLISTER AVE, SUITE E, SANTA BARBARA, CA 93111

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **GIRLS INCORPORATED OF CARPINTERIA** Employer identification number **23-7430292**

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 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.

Schedule I (Form 990) (2018)

Part III 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.

(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 noncash assistance
GIRLS INC. DISTRIBUTED AWARDS FOR COLLEGE SCHOLARSHIPS.	4	7,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS WERE DISTRIBUTED ON A ONE TIME BASIS AND NOT MONITORED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GIRLS INCORPORATED OF CARPINTERIA

Employer identification number

23-7430292

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WOMEN TO ACHIEVE PERSONAL, SOCIAL, POLITICAL, AND ECONOMIC SUCCESS IN
ORDER TO BECOME STRONG, SMART, AND BOLD.

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

ALL BOARD TRUSTEES RECEIVE A COPY OF THE DRAFT 990. THE FINANCE COMMITTEE
INITIALLY REVIEWS AND RECOMMENDS TO THE BOARD THE APPROVAL OF THE 990. THE
990 IS APPROVED BY THE BOARD PRIOR TO FILING.

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

THE ORGANIZATION DOES HAVE A CONFLICT OF INTEREST POLICY AND COMPLIANCE IS
MONITORED BY THE EXECUTIVE DIRECTOR AT THE COMMITTEE AND THE BOARD OF
TRUSTEES MEETINGS. THE POLICY INCLUDES ANNUAL DISCLOSURE OF CONFLICTS BY
OFFICERS, TRUSTEES, AND KEY EMPLOYEES.

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

FOR DETERMINING COMPENSATION, THE ORGANIZATION USES COMPARABILITY DATA
WITHIN THE GEOGRAPHICAL AREA AND GIRLS INC. NATIONAL COMPENSATION SURVEYS.

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE
COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES AFTER EXECUTIVE SESSION.

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

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR REVIEW AT ITS
SITE DURING REGULAR BUSINESS HOURS OR UPON REQUEST.

Name of the organization GIRLS INCORPORATED OF CARPINTERIA	Employer identification number 23-7430292
---	--

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY
 OTHERS 4,404.

FORM 990, PART XI, LINE 2C
 THE BOARD FINANCE COMMITTEE SERVES AS THE AUDIT COMMITTEE. THE FINANCE
 COMMITTEE CHAIR AND/OR THE EXECUTIVE DIRECTOR SOLICIT BIDS FROM
 AUDITING FIRMS WHICH ARE THEN REVIEWED BY THE BOARD FINANCE COMMITTEE
 WITH RECOMMENDATION TO FULL BOARD OF TRUSTEES. THERE HAS BEEN NO CHANGE
 IN THIS PROCESS SINCE THE PRIOR YEAR.

FORM 990, PART VI, SECTION A EXECUTIVE COMMITTEE
 THE EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT, VICE-PRESIDENT,
 SECRETARY, AND THE TREASURER OF THE BOARD. PER THE ORGANIZATION'S
 BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE RESPONSIBILITY TO MAKE SUCH
 DECISIONS AS ARE NECESSARY BETWEEN REGULAR MEETINGS OF THE BOARD.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRANSPORTATION EQUIPMENT														
2	97 FORD VAN 15 PASS	10/01/99	SL	5.00		16	22,107.				22,107.	22,107.		0.	22,107.
3	2004 FORD VAN 15 PASS	04/15/04	SL	5.00		16	29,199.				29,199.	29,199.		0.	29,199.
207	2008 FORD XL SUPER DUTY VAN	02/09/17	SL	5.00		16	10,000.				10,000.	2,833.		2,000.	4,833.
209	VAN	03/15/18	SL	5.00		16	15,000.				15,000.	1,000.		3,000.	4,000.
215	2017 CHEVORLET EXPRESS (#38829)	02/14/19	SL	5.00		16	26,576.				26,576.			2,215.	2,215.
216	2017 CHEVORLET EXPRESS (#60330)	02/14/19	SL	5.00		16	25,384.				25,384.			2,115.	2,115.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						128,266.				128,266.	55,139.		9,330.	64,469.
	* 990 PAGE 10 TOTAL -						128,266.				128,266.	55,139.		9,330.	64,469.
	BUILDINGS														
5	BUILDING	01/15/94	SL	39.00	MM	16	1,975,563.				1,975,563.	1,240,442.		50,655.	1,291,097.
6	BASKETBALL RACK	01/15/94	SL	39.00	MM	16	7,380.				7,380.	4,668.		189.	4,857.
7	SCOREBOARD	01/15/94	SL	39.00	MM	16	2,749.				2,749.	1,735.		70.	1,805.
8	WALL PADS	01/15/94	SL	39.00	MM	16	917.				917.	584.		24.	608.
9	LOCKERS & BENCH	01/15/94	SL	39.00	MM	16	1,917.				1,917.	1,212.		49.	1,261.
10	FOLDING BLEACHERS	01/15/94	SL	39.00	MM	16	17,477.				17,477.	11,057.		448.	11,505.
12	STORAGE SHED	10/01/96	SL	39.00	MM	16	2,675.				2,675.	1,501.		69.	1,570.
13	BLDG IMP - ROOF	10/15/96	SL	39.00	MM	16	1,375.				1,375.	768.		35.	803.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	INTERIOR OFFICE	01/02/97	SL	39.00	MM16	5,525.				5,525.	3,072.		142.	3,214.
15	LAWN	05/15/97	SL	39.00	MM16	6,095.				6,095.	3,545.		156.	3,701.
16	COMPUTER RM RE	09/30/97	SL	39.00	MM16	3,500.				3,500.	1,871.		90.	1,961.
17	(D)THEATER	01/05/99	SL	39.00	MM16	8,844.				8,844.	4,537.		0.	4,537.
18	PATIO EXTENSION	01/05/99	SL	39.00	MM16	3,104.				3,104.	1,595.		80.	1,675.
19	PHONE JACKS FOR COM	09/01/01	SL	39.00	MM16	649.				649.	286.		17.	303.
20	ALARM UPGRADE	09/18/01	SL	39.00	MM16	1,326.				1,326.	578.		34.	612.
21	UPGRADE GYM LIGHTS	10/01/01	SL	39.00	MM16	1,983.				1,983.	865.		51.	916.
22	WINDOW SCREENS	10/17/01	SL	39.00	MM16	530.				530.	234.		14.	248.
23	ALARM UPGRADE	10/30/01	SL	39.00	MM16	705.				705.	307.		18.	325.
24	ADD ELECTRICAL OUTLETS	11/01/01	SL	39.00	MM16	1,942.				1,942.	848.		50.	898.
25	GYM FLOOR	08/20/02	SL	39.00	MM16	5,350.				5,350.	2,193.		137.	2,330.
26	HEAT/AC THEATRE	10/24/02	SL	39.00	MM16	17,750.				17,750.	7,281.		455.	7,736.
27	EXIT DOOR SAFETY BARS	03/07/03	SL	39.00	MM16	1,851.				1,851.	755.		47.	802.
28	GYM FLOOR	03/05/03	SL	39.00	MM16	1,342.				1,342.	547.		34.	581.
29	WIRING FOR COMPUTERS	06/30/03	SL	39.00	MM16	240.				240.	97.		6.	103.
31	PAINTING OF GYM	12/01/03	SL	39.00	MM16	5,320.				5,320.	2,043.		136.	2,179.
188	WATER PRESSURE GAUGES	05/19/11	SL	39.00	MM16	1,857.				1,857.	340.		48.	388.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL BUILDINGS						2,077,966.				2,077,966.	1,292,961.		53,054.	1,346,015.
	* 990 PAGE 10 TOTAL - BUILDINGS						2,077,966.				2,077,966.	1,292,961.		53,054.	1,346,015.
30	(D)NEW ROOF	03/16/06	SL	39.00	MM	16	2,500.				2,500.	832.		0.	832.
32	TRACK LIGHT ART ROOM	09/06/06	SL	39.00	MM	16	2,100.				2,100.	647.		54.	701.
33	NEW ACOUSTIC CEILING	01/17/08	SL	39.00	MM	16	52,550.				52,550.	14,818.		1,347.	16,165.
189	KITCHEN REMODEL	06/17/11	SL	39.00	MM	16	22,408.				22,408.	4,025.		575.	4,600.
191	NEW ROOF	11/01/11	SL	39.00	MM	16	137,448.				137,448.	23,494.		3,524.	27,018.
192	THEATER & GYM PAINTING	06/27/12	SL	39.00	MM	16	22,350.				22,350.	3,438.		573.	4,011.
193	REFINISH GYM FLOOR	09/30/11	SL	39.00	MM	16	4,100.				4,100.	709.		105.	814.
194	FURNACE	01/11/12	SL	7.00		16	3,028.				3,028.	2,814.		214.	3,028.
196	OUTDOOR LIGHTING	07/20/12	SL	39.00	MM	16	5,123.				5,123.	775.		131.	906.
202	PARKING LOT RESURFACE	06/23/14	SL	15.00		16	2,400.				2,400.	640.		160.	800.
217	ELECTRICAL AND LIGHTING IMPROVEMENTS	09/13/18	SL	39.00		16	10,217.				10,217.			218.	218.
218	FLOORING IMPROVEMENTS	06/24/19	SL	39.00		16	15,000.				15,000.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS						279,224.				279,224.	52,192.		6,901.	59,093.
	* 990 PAGE 10 TOTAL - BUILDINGS						279,224.				279,224.	52,192.		6,901.	59,093.
	MACHINERY & EQUIPMENT														

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
35	(D)4 PICNIC TABLES	04/15/85	SL	5.00		16	257.				257.	257.		0.	257.
51	RUNNER MATS	01/15/94	SL	7.00		16	796.				796.	796.		0.	796.
55	TUBLAR 3 SHELF	01/15/94	SL	7.00		16	257.				257.	257.		0.	257.
56	CHAIR CADDY	01/15/94	SL	7.00		16	633.				633.	633.		0.	633.
57	HORIZONTAL TABLE	01/15/94	SL	7.00		16	179.				179.	179.		0.	179.
59	AT&T PHONE SYSTEM	01/15/94	SL	7.00		16	5,403.				5,403.	5,403.		0.	5,403.
60	(D)SOUND SYSTEM	01/15/94	SL	7.00		16	9,326.				9,326.	9,326.		0.	9,326.
63	(D)4 486DLC COMPUTERS	02/15/95	SL	5.00		16	4,474.				4,474.	4,474.		0.	4,474.
64	(D)486DLC MULTI	02/15/95	SL	5.00		16	1,409.				1,409.	1,409.		0.	1,409.
65	(D)UPGRADE 286 COMPUTER	02/15/95	SL	5.00		16	1,164.				1,164.	1,164.		0.	1,164.
68	(D)ADOBE ILLUSTRATOR	01/18/95	SL	3.00		16	161.				161.	161.		0.	161.
69	(D)ADD MEMORY	06/22/95	SL	5.00		16	254.				254.	254.		0.	254.
79	(D)COMPUTER POWER	03/31/97	SL	5.00		16	3,116.				3,116.	3,116.		0.	3,116.
81	(D)COMPUTERS	08/31/97	SL	5.00		16	10,151.				10,151.	10,151.		0.	10,151.
82	(D)COMPUTER CABIN	09/30/97	SL	7.00		16	874.				874.	874.		0.	874.
83	COMPUTER ROOM	09/30/97	SL	7.00		16	1,403.				1,403.	1,403.		0.	1,403.
84	TABLE ES & CHAIRS	10/31/97	SL	7.00		16	300.				300.	300.		0.	300.
86	CABINETS	12/31/97	SL	7.00		16	760.				760.	760.		0.	760.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	SIGN	06/30/98	SL	7.00		16	571.				571.	571.		0.	571.
91	SIGN	02/05/01	SL	7.00		16	554.				554.	554.		0.	554.
92	(D)STOVE	03/10/05	SL	7.00		16	762.				762.	762.		0.	762.
96	(D)HP COMPUTERS	04/09/03	SL	7.00		16	3,411.				3,411.	3,411.		0.	3,411.
97	(D)DELL COMPUTERS	08/22/03	SL	7.00		16	963.				963.	963.		0.	963.
98	(D)3 DELL COMPUTERS	08/28/03	SL	7.00		16	2,796.				2,796.	2,796.		0.	2,796.
99	(D)DELL COMPUTER	03/08/04	SL	7.00		16	5,299.				5,299.	5,299.		0.	5,299.
102	(D)DELL PROJECTOR	03/22/05	SL	7.00		16	1,335.				1,335.	1,335.		0.	1,335.
103	(D)DELL FLAT PANELS	06/01/05	SL	7.00		16	1,625.				1,625.	1,625.		0.	1,625.
104	(D)DELL COMPUTER	06/01/05	SL	7.00		16	4,682.				4,682.	4,682.		0.	4,682.
105	(D)COMPUTER EQUIPMENT	06/22/05	SL	7.00		16	1,244.				1,244.	1,244.		0.	1,244.
106	(D)NORSTAR ICS	07/24/04	SL	7.00		16	6,053.				6,053.	6,053.		0.	6,053.
110	COMPUTER SOFTWARE	09/15/06	SL	7.00		16	1,855.				1,855.	1,855.		0.	1,855.
111	IBB MODULE FOR DELL	09/26/06	SL	7.00		16	2,684.				2,684.	2,684.		0.	2,684.
112	CHINA PLATES FOR TASTE	09/28/06	SL	7.00		16	1,740.				1,740.	1,740.		0.	1,740.
113	LAPTOP FOR OUTREACH	11/09/06	SL	7.00		16	1,733.				1,733.	1,733.		0.	1,733.
114	(D)RADIO AND MIKES	07/01/05	SL	7.00		16	1,918.				1,918.	1,918.		0.	1,918.
115	(D)DELL WORKSTATION	07/21/05	SL	7.00		16	4,529.				4,529.	4,529.		0.	4,529.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
119	FREEZER / REFRIGERATOR	03/30/04	SL	7.00		16	3,846.				3,846.	3,846.		0.	3,846.
120	GYM FLOOR MATS	02/29/08	SL	7.00		16	4,333.				4,333.	4,333.		0.	4,333.
121	STORAGE RACKS	02/29/08	SL	7.00		16	2,543.				2,543.	2,543.		0.	2,543.
122	FOUR PORTABLE BASKETBALL	02/21/08	SL	7.00		16	7,896.				7,896.	7,896.		0.	7,896.
123	(D)DELL COMPUTERS/ FLATSCREEN	03/27/08	SL	7.00		16	7,923.				7,923.	7,923.		0.	7,923.
124	(D)DELL LAPTOP	03/09/08	SL	7.00		16	1,381.				1,381.	1,381.		0.	1,381.
125	(D)DELL LAPTOP	07/24/08	SL	7.00		16	7,161.				7,161.	7,161.		0.	7,161.
126	(D)LCD PROJECTOR	05/22/08	SL	7.00		16	1,722.				1,722.	1,722.		0.	1,722.
127	8 HP WORKSTATIONS	01/10/10	SL	7.00		16	5,766.				5,766.	5,766.		0.	5,766.
128	10 DELL COMPUTERS	03/30/07	SL	7.00		16	9,935.				9,935.	9,935.		0.	9,935.
190	SIX MAC COMPUTERS	02/16/11	SL	5.00		16	5,214.				5,214.	5,214.		0.	5,214.
195	COMPUTERS	11/10/11	SL	5.00		16	1,765.				1,765.	1,765.		0.	1,765.
197	PLASTIC CHAIRS	02/11/13	SL	7.00		16	1,058.				1,058.	819.		151.	970.
198	SOFTWARE - DONOR TRACKING	03/28/13	SL	5.00		16	4,449.				4,449.	4,449.		0.	4,449.
199	4 COMPUTERS	07/31/13	SL	5.00		16	4,895.				4,895.	4,813.		82.	4,895.
200	COMPUTER	09/12/13	SL	5.00		16	2,602.				2,602.	2,514.		88.	2,602.
201	SOFTWARE - DONOR TRACKING	12/05/13	SL	5.00		16	3,540.				3,540.	3,245.		295.	3,540.
203	COMPUTER	03/26/15	SL	5.00		16	1,595.				1,595.	1,037.		319.	1,356.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
204	NEW WORKSTATIONS (2)	03/26/15	SL	7.00		16	1,901.				1,901.	884.		272.	1,156.
205	PLAY STRUCTURE	12/11/15	SL	7.00		16	38,806.				38,806.	14,322.		5,544.	19,866.
206	WATER HEATER	05/23/16	SL	7.00		16	2,870.				2,870.	854.		410.	1,264.
208	SHED	03/02/17	SL	5.00		16	3,862.				3,862.	1,029.		772.	1,801.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						209,734.				209,734.	178,122.		7,933.	186,055.
	* 990 PAGE 10 TOTAL -						209,734.				209,734.	178,122.		7,933.	186,055.
	FURNITURE & FIXTURES														
130	2 OFF DESKS	01/15/80	SL	10.00		16	122.				122.	122.		0.	122.
131	3 ART RM TABLES	09/15/82	SL	5.00		16	400.				400.	400.		0.	400.
132	(D)PIANO	12/15/80	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
133	(D)TELEVISION	12/15/80	SL	5.00		16	220.				220.	220.		0.	220.
134	(D)VCR	02/01/87	SL	7.00		16	416.				416.	416.		0.	416.
135	(D)OFFICE FURNITURE	03/01/90	SL	7.00		16	200.				200.	200.		0.	200.
136	(D)TABLES	01/01/94	SL	7.00		16	300.				300.	300.		0.	300.
137	(D)30X60 DESKS	01/01/94	SL	7.00		16	352.				352.	352.		0.	352.
138	(D)3 30/60 DESKS	01/01/94	SL	7.00		16	1,815.				1,815.	1,815.		0.	1,815.
139	(D)3 30/60 DESKS	01/01/94	SL	7.00		16	1,815.				1,815.	1,815.		0.	1,815.
140	(D)4 MULTI PURPOSE TABLES	01/01/94	SL	7.00		16	1,421.				1,421.	1,421.		0.	1,421.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
141	(D)4 CABINETS	01/01/94	SL	7.00		16	1,099.				1,099.	1,099.		0.	1,099.
142	(D)4 SHELVES	01/01/94	SL	7.00		16	252.				252.	252.		0.	252.
143	(D)4 SHELVES	01/01/94	SL	7.00		16	252.				252.	252.		0.	252.
144	(D)8 DWRS 1 EA CABINET LATERAL	01/01/94	SL	7.00		16	637.				637.	637.		0.	637.
145	1 EA CABINET LATERA	01/15/94	SL	7.00		16	313.				313.	313.		0.	313.
146	SHELF 800/900 LAT TOP	01/15/94	SL	7.00		16	63.				63.	63.		0.	63.
147	SHELF 800/900 LAT TOP	01/15/94	SL	7.00		16	63.				63.	63.		0.	63.
148	3 EA DRQWER 800 LAT	01/15/94	SL	7.00		16	239.				239.	239.		0.	239.
149	1 FILE LAT	01/15/94	SL	7.00		16	711.				711.	711.		0.	711.
150	6 EA KL RESPONSE	01/15/94	SL	7.00		16	893.				893.	893.		0.	893.
151	PREM CONFERENCE	01/15/94	SL	7.00		16	191.				191.	191.		0.	191.
152	CORNER SOFAS	01/15/94	SL	7.00		16	980.				980.	980.		0.	980.
153	ARMLESS SOFAS	01/15/94	SL	7.00		16	2,133.				2,133.	2,133.		0.	2,133.
154	BACKLESS SOFAS	01/15/94	SL	7.00		16	830.				830.	830.		0.	830.
155	87" SOFA	01/15/94	SL	7.00		16	872.				872.	872.		0.	872.
156	18' STACKABLE CHAIRS	01/15/94	SL	7.00		16	2,754.				2,754.	2,754.		0.	2,754.
157	LAMINATE TABLES	01/15/94	SL	7.00		16	5,012.				5,012.	5,012.		0.	5,012.
158	36" SQUARE TABLE	01/15/94	SL	7.00		16	1,692.				1,692.	1,692.		0.	1,692.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
159	16" STACKABLE CHAIRS	01/15/94	SL	7.00		16	116.				116.	116.		0.	116.
160	60" ROUND FOLDING TABLE	01/15/94	SL	7.00		16	2,441.				2,441.	2,441.		0.	2,441.
161	42" BARRON TABLE	01/15/94	SL	7.00		16	1,582.				1,582.	1,582.		0.	1,582.
162	6' HEAVY DUTY TABLE	01/15/94	SL	7.00		16	796.				796.	796.		0.	796.
163	(D)60*60 WALL CEILING	01/15/94	SL	7.00		16	119.				119.	119.		0.	119.
164	(D)3 VINYL COVER TACKLEBAX	01/15/94	SL	7.00		16	783.				783.	783.		0.	783.
165	(D)LUXOR ENDURA	01/15/94	SL	7.00		16	738.				738.	738.		0.	738.
166	(D)SEARS ROLLAWAY	01/15/94	SL	7.00		16	350.				350.	350.		0.	350.
167	(D)FRAME FOR ROBOTOTM	01/15/94	SL	7.00		16	304.				304.	304.		0.	304.
168	(D)SOUND BARRIER	10/27/94	SL	7.00		16	351.				351.	351.		0.	351.
169	(D)CHASSIS	02/01/95	SL	7.00		16	2,687.				2,687.	2,687.		0.	2,687.
170	(D)BUFFETS	02/01/95	SL	7.00		16	5,197.				5,197.	5,197.		0.	5,197.
171	(D)COFFEE TABLE	02/01/95	SL	7.00		16	1,531.				1,531.	1,531.		0.	1,531.
172	(D)SOFA TABLE	02/01/95	SL	7.00		16	3,062.				3,062.	3,062.		0.	3,062.
173	(D)ENTRY BENCH	02/01/95	SL	7.00		16	2,382.				2,382.	2,382.		0.	2,382.
174	DESK	02/01/95	SL	7.00		16	2,892.				2,892.	2,892.		0.	2,892.
177	(D)LAMINATE DESKS	02/01/95	SL	7.00		16	1,752.				1,752.	1,752.		0.	1,752.
178	(D)BOOKCASES	02/29/96	SL	7.00		16	294.				294.	294.		0.	294.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
179	(D)10 DESKS AND FILES	11/17/06	SL	7.00		16	3,255.				3,255.	3,255.		0.	3,255.
180	(D)FOLDING PADDED CHAIRS	01/05/99	SL	7.00		16	1,616.				1,616.	1,616.		0.	1,616.
181	NEW DESKS	07/22/05	SL	7.00		16	1,688.				1,688.	1,688.		0.	1,688.
182	TABLE / CHAIRS	07/22/05	SL	7.00		16	10,011.				10,011.	5,839.		0.	5,839.
183	FURNITURE (CHAIRS/SHELVES)	08/15/79	SL	10.00		16	369.				369.	369.		0.	369.
184	(D)HEAVY DUTY TABLE	01/15/94	SL	7.00		16	1,555.				1,555.	1,555.		0.	1,555.
210	AC AND FURNACE - OFFICE	09/19/18	SL	7.00		16	5,400.				5,400.			579.	579.
211	WASHER AND DRYER	01/21/19	SL	5.00		16	1,962.				1,962.			163.	163.
212	SIERRA RANGE FOR KITCHEN (2)	01/30/19	SL	5.00		16	3,703.				3,703.			309.	309.
213	GAS RANGES FOR KITCHEN (2)	03/07/19	SL	5.00		16	4,505.				4,505.			300.	300.
214	AC AND FURNACE - SMART & MUNCHKIN	03/13/19	SL	7.00		16	7,625.				7,625.			363.	363.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						96,113.				96,113.	68,746.		1,714.	70,460.
	* 990 PAGE 10 TOTAL -						96,113.				96,113.	68,746.		1,714.	70,460.
	LAND														
186	LAND - EL CHARRO	06/30/88	L				12,421.				12,421.			0.	
187	LAND - FOOTHILL	09/21/88	L				120,035.				120,035.			0.	
	* 990 PAGE 10 TOTAL LAND						132,456.				132,456.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						132,456.				132,456.	0.		0.	0.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						2,923,759.				2,923,759.	1,647,160.		78,932.	1,726,092.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,823,387.			0.	2,823,387.	1,647,160.			1,719,830.
	ACQUISITIONS						100,372.			0.	100,372.	0.			6,262.
	DISPOSITIONS						131,089.			0.	131,089.	125,114.			125,114.
	ENDING BALANCE						2,792,670.			0.	2,792,670.	1,522,046.			1,600,978.
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,600,978.			
	ENDING BOOK VALUE											1,191,692.			

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. 179

Name(s) shown on return GIRLS INCORPORATED OF CARPINTERIA	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 23-7430292
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	78,932.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	78,932.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:
43 Amortization of costs that began before your 2018 tax year
44 Total. Add amounts in column (f). See the instructions for where to report

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. GIRLS INCORPORATED OF CARPINTERIA	Employer identification number (EIN) or 23-7430292
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5315 FOOTHILL ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARPINTERIA, CA 93013	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JAMIE COLLINS

- The books are in the care of ▶ **5315 FOOTHILL ROAD - CARPINTERIA, CA 93013**
Telephone No. ▶ **(805) 684-6364** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.