PUBLIC DISCLOSURE COPY EXTENDED TO JUNE 17, 2024 Return of Organization Exempt From Income Tax OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	\pm 2022 calendar year, or tax year beginning \pm AUG \pm 1 , \pm \pm \pm 2022 and endi	ling J	<u>UL 31, 2023</u>					
В	Check if applicable	C Name of organization		D Employer identifie	cation number				
	Addres								
	Name change Initial	Doing business as		62-06471					
	return	,	m/suite	E Telephone number					
	Final return/	4505 BRAINERD ROAD, SUITE 110		(423)624					
	termin- ated Amend			G Gross receipts \$ 1,497,384.					
	return Applica tion			H(a) Is this a group re					
	tion pendin			for subordinates					
_		SAME AS C ABOVE	507	H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: WWW.GIRLSINCOFCHATT.ORG	527	,	list. See instructions				
	Websit		1 //	H(c) Group exemptio					
	art I	Summary	L Year o	of formation: 1901 N	1 State of legal domicile: TN				
_		Briefly describe the organization's mission or most significant activities: SINCE 1	1961	, GIRLS INC	• OF				
Governance		CHATTANOOGA HAS SERVED MORE THAN 28,000 GIR	LS F	ROM ACROSS					
n	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net ass	sets.				
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	23				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23				
ος ()	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			35				
/itie	6	Total number of volunteers (estimate if necessary)			47				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.				
				Prior Year	Current Year				
a	8	Contributions and grants (Part VIII, line 1h)		1,040,127.	1,163,695.				
Ž	9	Program service revenue (Part VIII, line 2g)		33,291.	38,745.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,746.	7,193.				
α	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,695.	88,403.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,122,859.	1,298,036.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		753,556.	854,663.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
X	b b	Total fundraising expenses (Part IX, column (D), line 25) 138,951.	<u>•</u>						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		251,161.	303,220.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,004,717.	1,157,883.				
_	19	Revenue less expenses. Subtract line 18 from line 12		118,142.	140,153.				
Net Assets or	3		Beg	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		1,593,263.	1,817,061.				
T. As	21	Total liabilities (Part X, line 26)		101,471.	106,628.				
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		1,491,792.	1,710,433.				
	art II	Signature Block			. I				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and t, and complete. Declaration of preparer (other than officer) is based on all information of which p		· · ·	knowledge and belief, it is				
tiut	5, 001160	t, and complete. Decidiation of preparer (other than officer) is based on an information of which p	preparer	lias ally kilowieuge.					
Sig	ın İ	Signature of officer		Date					
He		TOCCORA PETERSON, CEO							
110		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN				
Pai	d I	MATTHEW T. HISEY MATTHEW T. HISEY	0	6/17/24 if self-employ	ed P01293572				
	parer	Firm's name MAULDIN & JENKINS, LLC	15		8-0692043				
	Only	Firm's address 200 W M.L.K. BLVD, STE 1100		5 Em					
	1	CHATTANOGA, TN 37402-1239		Phone no. 42	3-756-6133				
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				
_					5 000 (2222)				

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	GIRLS INC. OF CHATTANOOGA INSPIRES AND EQUIPS GIRLS TO BE STRONG,
	SMART AND BOLD LEADERS WITHIN THEIR FAMILIES, THEIR COMMUNITY AND
	SOCIETY.
	DOCTOTI:
	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
_	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 \$390,360 • including grants of \$) (Revenue \$)
	SCHOOL AGE PROGRAMS - AGE APPROPRIATE CURRICULA IS DESIGNED FOR GIRLS
	IN THE ELEMENTARY, MIDDLE SCHOOL AND HIGH SCHOOL AGE LEVELS. PROGRAMS
	TAKE PLACE IN-SCHOOL AND AFTER-SCHOOL IN BOTH VIRTUAL AND
	BRICK-AND-MORTAR SETTINGS. THIS INCLUDES MORE GENERAL CURRICULA
	FOCUSING ON THE WHOLE GIRL: STRONG (HEALTHY EMOTIONALLY AND
	PHYSICALLY); SMART (ACADEMIA); BOLD (LEADERSHIP AND LIFE SKILLS.)
	PROGRAMS MAY FOCUS ON ONE OR MORE OF THE AFOREMENTIONED AREAS AS A
	WHOLE. THE DEVELOPMENT OF THE WHOLE GIRL IS ESSENTIAL FOR LIFE SUCCESS
	THUS WHICH FULFILLS THE MISSION AND THE VISION OF GIRLS INC. OF
	CHATTANOOGA.
4b	(Code:) (Expenses \$ 185, 152. including grants of \$) (Revenue \$) (Revenue \$)
	STEM - LEARN AND EXPLORE STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH)
	SUBJECT MATTER NOT TYPICALLY OFFERED IN CLASSROOMS AND ALSO CONSIDER
	AND FURTHER EXPLORE CAREER PATHS NOT OTHERWISE CONSIDERED WITHIN THE
	STEM SUBJECT AREAS (GENERALLY MALE-DOMINATED FIELDS),
	(Code:) (Expenses \$213,587. including grants of \$) (Revenue \$) (Revenue \$
4C	
	CAMPS - OTHER, NOT STEM - AGE APPROPRIATE CURRICULA IS DESIGNED FOR
	GIRLS IN THE ELEMENTARY, MIDDLE, AND HIGH SCHOOL AGE RANGE. CONTINUE
	DEVELOPING AND IMPROVING COGNITIVE AND "SOFT" SKILLS DURING SCHOOL
	BREAKS THAT WOULD OTHERWISE BE LOST IN TIME AWAY FROM SCHOOL. CONTINUE
	WORKING ON GIVING PARTICIPANTS THE FULL GIRLS INC. EXPERIENCE: STRONG
	(PHYSICALLY AND MENTALLY HEALTHY), SMART (ACADEMIA), AND BOLD (LIFE
	SKILLS).
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 91,513 • including grants of \$) (Revenue \$ 140 •)
4e	Total program service expenses 880,612.

Form 990 (2022) GIRLS INCORPORATED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_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? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		A V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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	ا ا		v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		y
00 -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Λ

Form 990 (2022) GIRLS INCORPORATED
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ь—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3.7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	1
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Gonedule O contains a response di note to any line in tins fart v		V	NI-
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	Х	
	(gambling) winnings to prize winners?			

022) GIRLS INCORPORATED OF CHATTANOOGA

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

		_	Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_							
	filed for the calendar year ending with or within the year covered by this return		37						
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
E0		5a		Х					
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	130							
oa	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с	L	х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	4							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4							
11	Section 501(c)(12) organizations. Enter:								
_	Gross income from members or shareholders 11a	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.	100							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2022) GIRLS INCORPORATED OF CHATTANOOGA 62-0647145 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 th

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TOCCORA PETERSON - 423-624-4757			
	4505 BRAINERD ROAD, SUITE 110, CHATTANOOGA, TN 37411			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(do		Posi	ition	l than c	one	Reportable	Reportable	Estimated		
	hours per	box,	unles	ss per	son is	s both	an	compensation	compensation	amount of		
	week (list any							from the	from related organizations	other compensation		
	hours for	direct				pe		organization	(W-2/1099-MISC/	from the		
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) TOCCORA JOHNSON-PETERSEN	40.00	_	_									
CEO				Х				86,178.	0.	0.		
(2) SHOSHANNAH R. WALKER	40.00											
CFO				Х				63,246.	0.	0.		
(3) COURTNEY BREWER	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(4) ANDY BURNETT	4.00											
BOARD MEMBER		X						0.	0.	0.		
(5) JEANNINE CARPENTER	4.00											
BOARD MEMBER		X						0.	0.	0.		
(6) SUE COLLINS	4.00											
BOARD SECRETARY		X		Х				0.	0.	0.		
(7) TONYA GENTRY	4.00								_	_		
BOARD CHAIR		Х		Х				0.	0.	0.		
(8) DAN GILMORE	4.00									_		
BOARD MEMBER		Х						0.	0.	0.		
(9) HALL GREGG	4.00									_		
BOARD MEMBER		Х						0.	0.	0.		
(10) SHAWANNA KENDRICK	4.00									_		
BOARD MEMBER		Х						0.	0.	0.		
(11) KRISTIN LEFFEW	4.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) LESLIE MAYFIELD	4.00									•		
BOARD MEMBER	4 00	Х						0.	0.	0.		
(13) DIANA MEADOWS	4.00											
BOARD MEMBER	4 00	Х						0.	0.	0.		
(14) KARISTA MOSLEY-JONES	4.00								•	•		
BOARD MEMBER	4 00	Х						0.	0.	0.		
(15) QUETTA PIPKIN	4.00									0		
BOARD MEMBER	4 00	X						0.	0.	0.		
(16) JOE SHUDAN	4.00	٦,						_	_	•		
BOARD MEMBER	4 00	Х						0.	0.	0.		
(17) LATISHA SIMMONS	4.00	37							_	•		
BOARD MEMBER		Х						0.	0.	0.		

Form **990** (2022)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C						
(A)	(B)			Posi	C) ition			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck i	more	than (Reportable	Reportable			timate	
	week		, unle: icer ar					compensation from	compensatior from related	۱	an	nount o other	DΤ
	(list any	tor						the	organizations		com	pensa	tion
	hours for	director				- G			(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	Individual trustee or	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,		an	d relate	ed
	below	vidua	itutio	ser	Key employee	nest c	ner				orga	anizatio	ons
	line)	Indi	lust	Officer	Key	High	- Pa						
(18) VIRGINIA STEIN-DAVIS	4.00												_
BOARD MEMBER	4 00	Х						0.		0.			0.
(19) ROXY VELAZQUEZ	4.00												^
BOARD MEMBER	4 00	Х	<u> </u>					0.		0.			0.
(20) RACHAEL WELCH	4.00	٠,		,,						,			^
FORMER CHAIR	4 00	Х		Х				0.		0.			0.
(21) QUINTIN ALFORD	4.00	٠,								,			^
BOARD MEMBER	4 00	Х						0.		0.			0.
(22) FLORENCE BROOMFIELD	4.00	٠,,								,			^
BOARD MEMBER	4 00	Х	┝					0.		0.			0.
(23) LAURA CAMPBELL BOARD MEMBER	4.00	.								ا ۸			^
(24) ABBEY DYER-AMONETTE	4.00	Х	\vdash					0.		0.			0.
BOARD MEMBER	4.00	х						0.		0.			0.
(25) M. SELMA KAYNE	4.00	Δ	\vdash					0.		٠.			0.
BOARD MEMBER	4.00	Х						0.		0.			0.
DOARD MEMDER		Λ	┢					0.		•			<u> </u>
1b Subtotal			<u> </u>		<u> </u>		<u> </u>	149,424.		0.			0.
to Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								149,424.		0.			0.
2 Total number of individuals (including but no								•	000 of reportable				
compensation from the organization						,		·· ,					0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J 1	for such individual			4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)	- datus -			_				(B)		_	(0		_
Name and business	address	N	INC	<u> </u>			-	Description of s	ervices		ompe	nsatior	1
							-						
							-						
2 Total number of independent contractors (in	acluding but p	at lir	niter	t to t	thos	e lie	ted	ahove) who received mo	ore than				
\$100,000 of compensation from the organization		J. III			(_		. 22010, WHO 1000IVOU IIIC	5 (1)(1)				

62-0647145

		Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lanction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a	322,271.				
au nu				-				
ΩĔ		Fundraising events						
ifts		Related organizations						
nis G		Government grants (contributions		326,778.				
Sir		All other contributions, gifts, grants, a		•				
k E	-	similar amounts not included above	1f	514,646.				
	g			10,150.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	. 		1,163,695.			
				Business Code	, ,			
	2 a	PROGRAMS FEES		624100	38,745.	38,745.		
<u>Ş</u>	2 u b				007.200	00,7,200		
Ser	c							
E S	d							
gra Re	۰ و							
Program Service Revenue	f	All other program service revenue	<u> </u>					
		Total. Add lines 2a-2f			38,745.			
	3	Investment income (including div						
	_				19,578.			19,578.
	4	Income from investment of tax-ex			,			,
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a	Gross rents 6a	.,					
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
			i) Securities	(ii) Other				
			17,209.	,				
	b	Less: cost or other basis						
ē		and sales expenses 7b 15	59,594.					
enr	С	Gain or (loss) 7c -	12,385.					
Revenue		Net gain or (loss)			-12,385.			-12,385.
ther		Gross income from fundraising event						,
퉏		including \$	·					
		contributions reported on line 1c						
		Part IV, line 18	8a	122,783.				
	b	Less: direct expenses		39,754.				
		Net income or (loss) from fundrais			83,029.			83,029.
		Gross income from gaming activi						
		Part IV, line 19	I					
	b	Less: direct expenses						
	С	Net income or (loss) from gaming	activities					
		Gross sales of inventory, less retu						
		and allowances	10a	ı				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales of	inventory					
ű				Business Code				
Miscellaneous Revenue	11 a							
ane	b	OTHER INCOME		611710	5,374.			5,374.
Sek Sek	С							
Mis	d	All other revenue			F 25.			
\perp	е	Total. Add lines 11a-11d			5,374.	22 = : =		05 555
	12	Total revenue. See instructions			1,298,036.	38,745.	0.	95,596.

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 751,908. 559,482. 85,264. 107,162. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,730. 46,406. 33,662. 5,014. Other employee benefits 9 56,349. 42,224. 6,228. 7,897. 10 Payroll taxes 11 Fees for services (nonemployees): 2,303. 527. 483. 3,313. Management Legal 17,800. 12,374. 2,831. 2,595. Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,303. 5,303. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 4,774. 12,694. 270. 7,650. Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 33,243. 22,851. 10,392. 16 Occupancy 5,942. 5,631. 113. 198. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 11,837. 4,648. 5,158. 2,031. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 17,241. 17,241. Depreciation, depletion, and amortization 22 24,834. 16,137. 6,990. 1,707. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 59,428. 54,825. 3,341. 1,262. FOOD AND SUPPLIES 51,927. ACTIVITIES AND FIELD TR 51,927. 19,739. 17,298. 19,739. SPECIAL EVENTS 13,069. 4,229. CORPORATE EXPENSE 19,215.22,621. 3.170. 236. All other expenses __ 1,157,883. 138,320. 138,951. 880,612. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			693,943.	1	535,547.
	2	Savings and temporary cash investments				2	75,000.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	125,290.	4	131,978.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	bed in section	on 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			10,067.	9	45,839.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	126,721.			
	b	Less: accumulated depreciation		67,809.	8,374.	10c	58,912.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir	755,589.	12	969,785.		
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			1,593,263.	16	1,817,061.
	17	Accounts payable and accrued expenses		L	101,471.	17	106,628.
	18	Grants payable		18			
	19	Deferred revenue	L		19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of	f Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of t	hese persor	ns		22	
	23	Secured mortgages and notes payable to un		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
		of Schedule D			101 471	25	106 600
	26			77	101,471.	26	106,628.
v		Organizations that follow FASB ASC 958, o	check here	X			
JCe		and complete lines 27, 28, 32, and 33.			1 116 711	0=	1 526 222
alaı	27	Net assets without donor restrictions			1,446,741.	27	1,536,332. 174,101.
Ö	28	Net assets with donor restrictions			45,051.	28	1/4,101.
ڃ		Organizations that do not follow FASB ASC	958, cnec	ck nere			
P		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,491,792.	31	1,710,433.
ž	32	Total net assets or fund balances			1,593,263.	32	1,817,061.
	33	Total liabilities and net assets/fund balances			1,333,403.	33	1,01/,001.

Form **990** (2022)

	1990 (2022) GIRLS INCORPORATED OF CHATTANOOGA	62-	-0647145	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,298	3,0	<u>36.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,15	7,8	83.
3	Revenue less expenses. Subtract line 2 from line 1	3),1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,491	L,7	92.
5	Net unrealized gains (losses) on investments	5	78	3,4	88.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,71),4	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F2		32		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 on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number

			S INCORPORA		OF CHAT					2-0647145			
Pa	ırt I	Reason for Public (Charity Status. (All organiz	ations must c	omplete th	nis part.) S	See instructions	3.				
The	organ	ization is not a private found	ation because it is: (F	or lines 1	through 12, cl	neck only	one box.)						
1		A church, convention of ch						1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Sch	nedule E (Form	1 990).)							
3		A hospital or a cooperative					(b)(1)(A)(ii	ii).					
4	\Box	A medical research organiz						•	(iii). Enter	the hospital's name.			
•		city, and state:		,					(,.	,			
5		An organization operated for	or the benefit of a col	lege or uni	versity owned	or operat	ed by a go	overnmental un	it describe	ed in			
٠	ш	section 170(b)(1)(A)(iv). (C		logo or arm	voicity ownion	or operat	ou by a go	overninental an	iii doddiib	5 4 111			
6		A federal, state, or local gov	• •	ental unit	described in	section 17	70/hV/1V/AV	(v)					
	X								o gonoral i	aublia dagaribad in			
′	_21_	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.)											
				4\/A\/:\ //	Oamaniata Dani	\							
8	H	A community trust describe					and the seconds.						
9	Ш	An agricultural research org											
		or university or a non-land-g	grant college of agrici	ulture (see	instructions).	Enter the i	name, city	, and state of t	ne college	eor			
		university:											
10		An organization that norma	•							-			
		activities related to its exen			•					-			
		income and unrelated busir		(less section	on 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.			
		See section 509(a)(2). (Con											
11	Ш	An organization organized a											
12		An organization organized a											
		more publicly supported or								Check the box on			
		lines 12a through 12d that	describes the type of	supportin	g organization	and com	plete lines	12e, 12f, and	12g.				
а	ı		anization operated, su	upervised,	or controlled I	by its supp	oorted org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly app	oint or elect a	majority o	of the direc	ctors or trustee	s of the su	upporting			
	_	organization. You must o	complete Part IV, Se	ctions A a	ınd B.								
b) <u> </u>		anization supervised	or controll	ed in connect	ion with its	s supporte	ed organization	ı(s), by hav	/ing			
		control or management o	of the supporting orga	anization ve	ested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted			
		organization(s). You mus	t complete Part IV,	Sections A	A and C.								
C	: L		grated. A supporting	g organizat	tion operated i	in connect	tion with, a	and functionall	y integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You mu	st complete F	Part IV, Se	ctions A,	D, and E.					
c		Type III non-functionally	/ integrated. A supp	orting orga	anization opera	ated in co	nnection v	vith its support	ed organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation gene	rally must sati	sfy a distr	ibution red	quirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Par	t IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten dete	ermination from	n the IRS	that it is a	Type I, Type II	l, Type III				
		functionally integrated, or	r Type III non-functior	nally integra	ated supportir	ng organiz	ation.						
f	Ente	er the number of supported o	organizations										
		vide the following information	about the supported	d organiza	tion(s).								
	((i) Name of supported	(ii) EIN		f organization on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other			
		organization			instructions))	Yes	No	support (see in:	structions)	support (see instructions)			
Tota	al							I					

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	830,987.	912,925.	896,275.	1040127.	1163695.	4844009.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	830,987.	912,925.	896,275.	1040127.	1163695.	4844009.
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)						209,802.
	Public support. Subtract line 5 from line 4.						4634207.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	830,987.	912,925.	896,275.	1040127.	1163695.	4844009.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,064.	17,234.	13,995.	13,163.	19,578.	71,034.
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.)	2,141.			1,415.	5,374.	8,930.
11	Total support. Add lines 7 through 10						4923973.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor						
	tion C. Computation of Publi					<u> </u>	04.10
	Public support percentage for 2022 (li					14	94.12 %
	Public support percentage from 2021					15	85.14 %
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the condition and step here. The expenientian quality						
47.	and stop here. The organization qual						
11 a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts meets the facts-and-circumstances te					_	
h	10% -facts-and-circumstances test	•	•			7a and line 15 is 1	
b	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization				•		

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support	Τ	1	Τ	_	_	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	L organization's fi	ret second third :	fourth or fifth tax	l vear as a section 5	I (01(c)(3) organization	n .
17	check this box and stop here	-			•		
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
		5. Type it capporting organizations		V	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s). D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2 b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

OF CHATTANOOGA GIRLS INCORPORATED

Employer identification number 62-0647145

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	• •	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

		NCORPORATEI			<u> </u>				47145		ıge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar <i>I</i>	Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the t	following that	make si	gnificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	d	Ш	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how th	ey further th	ne organizatio	n's exen	npt purpose	in Part	XIII.		
5	During the year, did the organization solicit o								_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on	Form 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi		•						_		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance									_	
	Did the organization include an amount on Fo						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pal	T V Endowment Funds. Complete i										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three yea	rs back	(e) Four y	ears I	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	ed for th	е				
	organization by:								Y	'es	No
	(i) Unrelated organizations								3a(i)	_	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pa	t VI Land, Buildings, and Equipm		_		_	_					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
		1									_
	Description of property	(a) Cost or o basis (investn			or other (other)		ccumulated oreciation		(d) Book	value	€

Schedule D (Form 990) 2022

58,912.

37,530. 30,279.

37,530. 89,191.

e Other

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 GIRLS INCORP	ORATED OF CH	ATTANOUGA C	02-064/145 Page 3
Part VII Investments - Other Securities.	Farma 000 David IV III - 4	dh Oan Farra 000 Bart V Bar 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
(4) =:	(b) book value	(c) Method of Valuation. Cost of 6	end-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) CORPORATE STOCKS AND			
(B) BONDS	969,785.	END-OF-YEAR MARKE	T VALUE
(C)	3037.001		111101
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	969,785.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	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" o	n Form 990 Part IV line 1	1d See Form 990 Part X line 15	
-	Description	14. 355 1 3111 355, 1 4117, 1115 15.	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(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" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	1,421,865.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	78,488.		
b	Donate	ed services and use of facilities	2b	10,890.		
С		eries of prior year grants				
d		(Describe in Part XIII.)				
е	Add lir	nes 2a through 2d			2e	89,378.
3	Subtra	ct line 2e from line 1			3	1,332,487.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	5,303.		
b	Other	(Describe in Part XIII.)	4b	-39,754.		
		nes 4a and 4b			4c	-34,451.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,298,036.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F	Returi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total e	expenses and losses per audited financial statements			1	1,203,224.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	10,890.		
b	Prior y	ear adjustments	2b			
С	Other	osses	2c			
d	Other	(Describe in Part XIII.)	2d	39,754.		
е	Add lir	nes 2a through 2d			2e	50,644.
3		ct line 2e from line 1			3	1,152,580.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	5,303.		
b	Other	(Describe in Part XIII.)	4b			
С		4 14		· · · · · · · · · · · · · · · · · · ·	ایما	5,303.
	Add III	nes 4a and 4b			4c	1,157,883.

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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

-39,754.

Schedule D (Form 990) 2022	GIRLS	INCORPORATED	OF CHATTANOOGA	62-0647145 Page 5
Part XIII Supplement	tal information _{(Co}	ontinued)		
PART XII, LINE	2D - OTHER	ADJUSTMENTS:		
SPECIAL EVENTS				39,754.
DIECIAL EVENID	EXIENDED			33,134.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number 62-0647145 GIRLS INCORPORATED OF CHATTANOOGA 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. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ochedule a ((1 01111 990) 2022	OTKED	INCOM OMATED	01	CIMITAMOOOM	0 2	004/143	i age a
Part II	Fundraising Events.	Complete i	f the organization answered	d "Yes"	on Form 990, Part IV, line 18,	or reported	more than \$15,	000
	of fundraising avent contril	hutiana and	areas income on Form 000	LZ 1:-	as 1 and Ch. List avants with	*****	to arostor than (NE 000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total aventa
			UNBOUGHT AND			(d) Total events
				PLUG	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue				-		
şve	1	Gross receipts	114,212.	1,543.	7,028.	122,783.
Ä	•	Circos recoipie			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	114,212.	1,543.	7,028.	122,783.
		,	,	,	•	,
	4	Cash prizes				
	5	Noncash prizes				
es						
ense	6	Rent/facility costs	6,905.			6,905.
Direct Expenses						,
ct E	7	Food and beverages	17,039.			17,039.
)ire			,			·
_	8	Entertainment	8,804.			8,804.
	9	Other direct expenses	6 500		297.	7,006.
	10					39,754.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			83,029.
Pa	rt I	III Gaming. Complete if the organization a		990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
'n			(a) Birigo	bingo/progressive bingo	(b) Other garming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
xbe	3	Noncash prizes				
St E						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	L No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	IŤ "	No," explain:				
40-	141-	and only of the evacuination is remained in a	volced even and advanta	main at a disprise at the attention	voor?	Vaa Dui
		ere any of the organization's gaming licenses re			real!	Yes No
O	11 "	Yes," explain:				
	_					

Sch	edule G (Form 990) 2022 GIRLS INCORPORATED OF CHATTANOOGA 62-0	64714	5 Page 3					
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No					
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed							
	to administer charitable gaming?	Yes	s No					
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility	13a	%					
	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	s No					
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount							
	of gaming revenue retained by the third party \$							
С	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							
	Mandatory distributions:							
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?	Ye	s L No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the							
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	t III. linno	0 0h 10h					
ı a	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, IInes s	9, 90, 100,					

Schedule G	i (Form 990)	GIRLS	INCORPORATED	OF CHATTANOOGA	62-0647145 Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(co}	ontinued)		

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

OF CHATTANOOGA GIRLS INCORPORATED

Employer identification number 62-0647145

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
CHATTANOOGA WITH PROGRAMS AVAILABLE TO ALL GIRLS IN SCHOOL, AFTER						
SCHOOL AND OUTSIDE OF SCHOOL IN SEASONAL CAMPS. TOGETHER WITH DONORS,						
THE COLLECTIVE COMMITMENT OF GIRLS INC. SUPPORTERS HAS PREPARED						
HUNDREDS OF CHATTANOOGA GIRLS TO GROW INTO INSPIRATIONAL LEADERS IN						
THEIR OWN RIGHT HERE AT HOME AND ACROSS THE COUNTRY. INSPIRE AND						
PREPARE GIRLS TO BE STRONG, SMART AND BOLD LEADERS WITHIN THEIR						
FAMILIES, THEIR COMMUNITY AND SOCIETY. GIRLS INC. OF CHATTANOOGA LEADS						
THE WAY IN EMPOWERING GIRLS IN AN EQUITABLE SOCIETY - HELPING GIRLS						
PURSUE THEIR INDIVIDUAL DREAMS AND OPPORTUNITIES TO REACH THEIR FULL						
POTENTIAL FOR IMPACTING THE WORLD AROUND THEM. THIS IS DONE THROUGH						
IN-SCHOOL, AFTER-SCHOOL AND CAMP PROGRAMS FOR ALL GIRLS AGES 5-18.						
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						
LITERATURE PROGRAMS - ELEMENTARY-SCHOOL AGE PARTICIPANTS BUILD						
DEVELOPMENTALLY APPROPRIATE READING, COMPREHENSION AND COMMUNICATION						
SKILLS SO GIRLS ARE EQUIPPED TO SUCCEED IN SCHOOL AND IN LIFE						
EXPERIENCES WHILE LOVING READING.						
EXPENSES \$ 91,513. INCLUDING GRANTS OF \$ 0. REVENUE \$ 140.						
FORM 990, PART VI, SECTION A, LINE 2:						
RACHAEL WELCH, COURTNEY BREWER, SUE COLLINS, LESLIE MAYFIELD, AND JOE						
SHUDAN - BUSINESS RELATIONSHIP						
DAN GILMORE AND M. HALL GREGG - FAMILY RELATIONSHIP						

Schedule O (Form 990) 2022 Page **2**

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