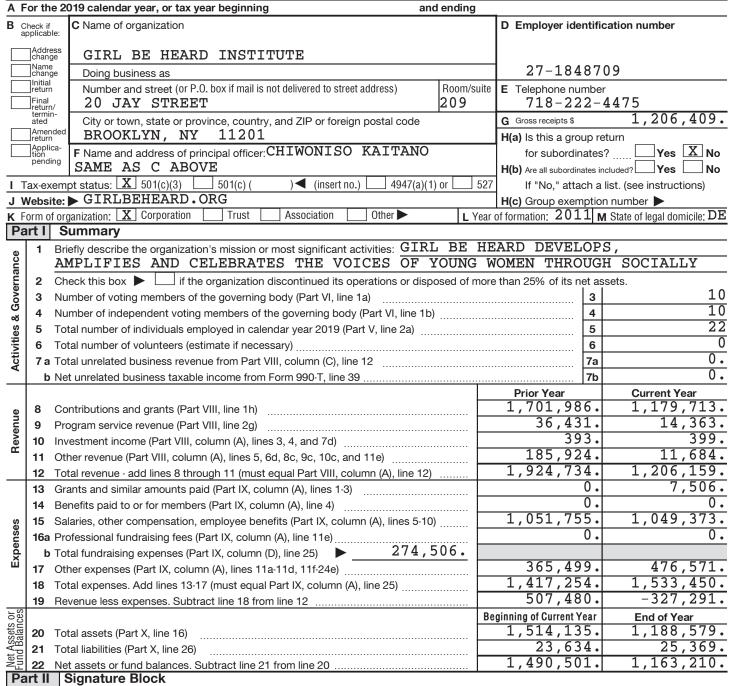
| Form 990 |
|--|
| (Rev. January 2020) |
| Department of the Treasury Internal Revenue Service |

Return of Organization Exempt From Income Tax

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

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

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



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 COPY CHIWONISO KAITANO, EXE Type or print name and title | CUTIVE DIRECTOR | Date | | | | | | |
|--------------|---|-----------------------------------|-------------------------|--|--|--|--|--|--|
| | Print/Type preparer's name | Preparer's signature Date | Check PTIN | | | | | | |
| Paid | MICHAEL FRIEDMAN, CPA | | self-employed P01066375 | | | | | | |
| Preparer | Firm's name BUCHBINDER TUNIC | K & CO. LLP | Firm's EIN 13-1578842 | | | | | | |
| Use Only | Firm's address ONE PENN PLAZA - | SUITE 3500 | | | | | | | |
| | NEW YORK, NY 101 | 19-3601 | Phone no.212-695-5003 | | | | | | |
| May the If | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | |
| 932001 01-2 | 0-20 LHA For Paperwork Reduction Act Notic | e, see the separate instructions. | Form 990 (2019) | | | | | | |
| S | EE SCHEDULE O FOR ORGANIZ | ATION MISSION STATEMENT | CONTINUATION | | | | | | |

OMB No. 1545-0047

Open to Public

Inspection

C

| Form | 990 (2019) GIRL BE HEARD INSTITUTE | 27-1848709 F | -age 2 |
|-----------|---|---|---------------|
| | rt III Statement of Program Service Accomplishments | - | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: GIRL BE HEARD DEVELOPS, AMPLIFIES AND CELEBRATES | | |
| | WOMEN THROUGH SOCIALLY CONSCIOUS THEATRE-MAKING, | | |
| | PERFORMANCE. | BIOKIIIIIIIII MO | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not lis | tod on the | |
| 2 | | | X No |
| | prior Form 990 or 990-EZ? | | |
| | If "Yes," describe these new services on Schedule O. | am services? | v |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any progr | am services? | ∆_ No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc | ations to others, the total expenses, and | d |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$1,032,283. including grants of \$7,50 | | 97.) |
| | THE ARTS EDUCATION, LEADERSHIP AND ADVOCACY PROGR | | |
| | CHANGEMAKERS, AND ACTIVISTS. WE DO THIS THROUGH I | | |
| | AND CELEBRATING THE VOICES OF GIRLS, YOUNG WOMEN, | | VE |
| | YOUTH THROUGH SOCIALLY CONSCIOUS THEATRE-MAKING, | STORYTELLING AND | |
| | PERFORMANCE. BY BUILDING SELF-ESTEEM AND GROWING | INDIVIDUAL TALENTS, | |
| | PARTICIPANTS BECOME ARTISTS AND ACTIVISTS POISED | TO ACT ON BEHALF OF | |
| | THEIR COMMUNITIES ON THE ISSUES THAT AFFECT THEM | MOST. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | | | <u> </u> |
| 40 | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |) |
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| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |) |
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| | | | |
| 4.4 | Other program services (Describe on Schedule O) | | |
| 4d | | \ \ | |
| 4.0 | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,032,283. |) | |
| <u>4e</u> | Total program service expenses L, U32, 283. | Form 990 | 0010 |
| | | Form 990 | • (∠UI9) |

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

| | | | Yes | No |
|----------|--|------------|-----|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | v |
| | 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 | | | x |
| h | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| d | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24u | | |
| 204 | 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 | 200 | | |
| ~ | 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 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see 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 lines 28a or 28b?If | | | v |
| | "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | x |
| 31 | contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 30 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | 31 | | |
| 52 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| | 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| Dai | Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19 | | 162 | NU |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

| Form 990 | |
|----------|-----|
| Part V | Sta |

019) GIRL BE HEARD INSTITUTE Statements Regarding Other IRS Filings and Tax Compliance(continued)

| | | | Yes | No | | | | |
|------------|--|-----|-----|----|--|--|--|--|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 22 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | | | | | |
| 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | 37 | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | • | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 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 | | | | | | | |
| 10- | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 10- | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 104 | | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| 0 | organization is licensed to issue qualified health plans 13b | | | | | | | |
| ~ | Enter the amount of reserves on hand | | | | | | | |
| | | 14a | | X | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> | 14b | | | | | | |
| 15 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 110 | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | .0 | | | | | | |
| 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. | 10 | | | | | | |
| | | | | | | | | |

Form **990** (2019)

GIRL BE HEARD INSTITUTE

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 on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | Χ |
|---------|---|---------|---------|------|
| 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 1a 1 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| - | | 2 | | Х |
| 3 | officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision | - | | |
| 0 | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | Х | |
| 0 7a | | - | | |
| 14 | | 7a | х | |
| h | more members of the governing body? | 70 | | |
| D | | 7b | х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 7.5 | | |
| | | 8a | х | |
| a b | The governing body? Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 00 | | |
| 3 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 5 | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 100 | X |
| | 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 in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | Х | |
| | 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 | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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 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? | 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 $\blacktriangleright \mathrm{NY}$ | | | |
| 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 |) avail | able |
| | 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, ar | d finar | ncial | |
| | 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 | | | |
| | JEN THATCHER - 718-222-4475 | | | |
| | 20 JAY STREET, NO. 209, BROOKLYN, NY 11201 | | | |

| Part VII | ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensate | ec |
|----------|---|----|
| | mployees, and Independent Contractors | |

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

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.

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

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

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|--------------------------------------|----------------------|-------------------------------|----------------------|---------|--------------|---------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | (do | not cl | Pos | ition | than i | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week | <u> </u> | cer an | uau | recic | n/trus | lee) | from | from related | other |
| | (list any | ndividual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | rustee | nstitutional trustee | | ee | npen | | (00-2/1099-00130) | | and related |
| | below | d ual t | itiona | _ | nploy | st co i iyee | 5 | | | organizations |
| | line) | ndivid | nstitu | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CELINES SIMS | 4.00 | _ | _ | | | | _ | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (2) RACHEL JACOBY ROSENFIELD | 2.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) NIGEL MATU | 3.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (4) WENDY FRANCIS | 2.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) JANET CHARLES | 2.00 | | | | | | | | | |
| SECRETARY - PAST | | Х | | Х | | | | 0. | 0. | 0. |
| (6) JAEL CHARLES | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) ANNA FIGUEROA | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) RAVI PARMAR | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) JESSICA PFEIFFENBERGER BOHN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) LAUREN RIEDER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) IQRA SHAFIQ | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) MARK FINA | 1.00 | | | | | | | | | |
| DIRECTOR - PAST | | Х | | | | | | 0. | 0. | 0. |
| (13) JENNIFER IRWIN | 1.00 | | | | | | | | | |
| DIRECTOR - PAST | | Х | | | | | | 0. | 0. | 0. |
| (14) LISA MILES | 1.00 | | | | | | | | | |
| DIRECTOR - PAST | | Х | | | | | | 0. | 0. | 0. |
| (15) SHIVA MOONSAMMY | 1.00 | | | | | | | | | |
| DIRECTOR - PAST | | Х | | | | | | 0. | 0. | 0. |
| (16) JESSICA GREER MORRIS | 60.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR & CO-FO, PAST | | | | Х | | | | 147,922. | 0. | 0. |
| (17) CHIWONISO KAITANO | 60.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR/PRESIDENT, EFFECT | | | | Х | | | | 40,948. | 0. | 2,270. |
| 022007 01 20 20 | | | | | | | | | | Form 990 (2019) |

932007 01-20-20

Form 990 (2019)

| | Form 990 (2019) GIRL BE HEARD INSTITUTE 27-1848709 Page 8 | | | | | | | | | | | | | |
|----------|--|--|--------------------------------|-----------------------|---------------|----------------------------------|---------------------------------|---------------|---|---|----------------|--------------------|---|------------------|
| Pa | t VII Section A. Officers, Directors, Trus | | oloy | ees | | | ghe | st C | | | | | (=) | |
| | (A) Name and title | (B) Average hours per week | box offic | not c , unle | ss pe | ition ^{more} rson | than is bot pr/trus | h an | (D) Reportable compensation from | (E) Reportable compensatio from related | | am | (F) timate iount other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | | fro orga and | pensa om the anizat I relat nizatie | e ion ed |
| | | | Inc | Ins | Off | Ke | High | Fo | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | 100.050 | | | | | |
| с | Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | | 188,870. 0. 188,870. | | 0. 0. 0. | | 2,2 | 70. 0. 70. |
| 2 | Total number of individuals (including but n compensation from the organization | | | | | | | | eceived more than \$100 |),000 of reportabl | e | | V | 1 |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | | | | | - | | | ghest compensated emp | - | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | 0,000? If "Yes, | le co " <i>co</i> | ompo mple | ensa ete S | atior Sche | n and edule | d ot e J i | her compensation from for such individual | the organization | | 4 | | X |
| 5 Sec | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors | | | | | - | | | - | | | 5 | | X |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | n the organization's tax | | ipens | | | |
| | (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | services | С | (C omper | | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | • | ot lii | nite | d to | | se lis | steo | d above) who received n | nore than | | | | |

| Form 990 (20 | | GIRL | |
|--------------|-----------|---------|-----|
| Part VIII | Statement | of Reve | nue |

GIRL BE HEARD INSTITUTE

| | | Check if Schedule O contains a response of | or note to any lir | | | | |
|---|------------|--|--------------------|---|--|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts ts | 1 a | Federated campaigns 1a | | | | | |
| unt | | Membership dues 1b | | | | | |
| ۵, G | | Fundraising events | 57,165. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | ., | | | | |
| | | y | 420,991. | 1 | | | |
| Sir | | Government grants (contributions) 1e All other contributions, gifts, grants, and | 120,991. | - | | | |
| uti | ' | | 701,557. | | | | |
| et ib | | | 1,150. | - | | | |
| Non and | - | <u> </u> | | 1,179,713. | | | |
| 0.0 | n | Total. Add lines 1a-1f | Business Code | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| 6 | 2 a | PERFORMANCES | 900099 | 14,363. | 14,363. | | |
| vice | | | 500055 | 14,505. | 11,505. | | |
| Ser | b | | | | | | |
| ven Sun | С | | | | | | |
| gra | d | | | | | | |
| Program Service Revenue | e | | | | | | |
| - | | All other program service revenue | | 14,363. | | | |
| _ | | Total. Add lines 2a-2f | | 11,000. | | | |
| | 3 | Investment income (including dividends, intere | | 399. | | | 399. |
| | 4 | other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 5 | Royalties | (ii) Personal | | | | |
| | C - | | (1) 1 61301181 | - | | | |
| | | Gross rents 6a | | - | | | |
| | b | · · · · · · · · · · · · · · · · · · · | | - | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | - | | | |
| | | assets other than inventory 7a | | - | | | |
| a | b | Less: cost or other basis | | | | | |
| nu | | and sales expenses | | 4 | | | |
| eve | | Gain or (loss) 7c | | | | | |
| r B | | Net gain or (loss) | 🕨 | | | | |
| Other Revenue | 8 a | Gross income from fundraising events (not | | | | | |
| 0 | | including \$ 57,165. of | | | | | |
| | | contributions reported on line 1c). See | 600. | | | | |
| | | Part IV, line 18 | 250. | 4 | | | |
| | | Less: direct expenses 8b | | 350. | | | 350. |
| | | | ····· ► | 550. | | | 550. |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | - | | | |
| | | Less: direct expenses9b | | | | | |
| | | | ····· • | | | | |
| | iu a | Gross sales of inventory, less returns | | | | | |
| | le. | and allowances 10a | | - | | | |
| | | Less: cost of goods sold 10b | | | | | |
| — | С | Net income or (loss) from sales of inventory | Business Code | | | | |
| sno | 11 - | OTHER INCOME | 900099 | 11,334. | 11,334. | | |
| nec | n a b | | | , | ,0010 | | |
| ella | u D | | | | | | |
| Miscellaneous Revenue | | All other revenue | | | | | |
| Σ | | Total. Add lines 11a-11d | | 11,334. | | | |
| | 12 | Total revenue. See instructions | | 1,206,159. | 25,697. | 0. | 749. |
| | | | | | | | |

| aπ | ן או | State | ement of Fu | nctional | Expen | ses | | |
|----|------|---------|-------------|----------|-------|-----|--|------|
| | | () (*) | | | | | | |

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 | | | | <u>X</u> |
|--------------|--|------------------------------|---|------------------------------------|---------------------------------------|
| | include amounts reported on lines 6b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | (D) Fundraising expenses |
| | ants and other assistance to domestic organizations | | | | |
| | d domestic governments. See Part IV, line 21 | | | | |
| | rants and other assistance to domestic | 7 506 | 7 506 | | |
| | dividuals. See Part IV, line 22 | 7,506. | 7,506. | | |
| | rants and other assistance to foreign | | | | |
| | ganizations, foreign governments, and foreign | | | | |
| | dividuals. See Part IV, lines 15 and 16 | | | | |
| | enefits paid to or for members | | | | |
| | ompensation of current officers, directors, ustees, and key employees | 188,870. | 122,766. | 18,887. | 47,217 |
| | ompensation not included above to disqualified | 100,070. | 122,700. | 10,007. | 4/,21/ |
| | prisensation not included above to disquamed | | | | |
| | prsons described in section 4958(c)(3)(B) | | | | |
| | ther salaries and wages | 750,868. | 520,100. | 85,774. | 144,994 |
| | ension plan accruals and contributions (include | | | | , , , , , , , , |
| | ction 401(k) and 403(b) employer contributions) | | | | |
| | ther employee benefits | 31,652. | 21,367. | 4,029. | 6,256 |
| | ayroll taxes | 77,983. | 54,913. | 8,392. | 14,678 |
| | ees for services (nonemployees): | , | | | , |
| | anagement | | | | |
| | egal | 753. | | 753. | |
| | | 41,115. | 9,286. | 30,735. | 1,094 |
| | bbying | | | | |
| | ofessional fundraising services. See Part IV, line 17 | | | | |
| | vestment management fees | | | | |
| | ther. (If line 11g amount exceeds 10% of line 25, | | | | |
| CO | lumn (A) amount, list line 11g expenses on Sch 0.) | 206,013. | 134,601. | 37,035. | <u>34,377</u> 310 |
| 12 Ad | dvertising and promotion | 3,312. | 2,742. | 260. | |
| 13 Of | ffice expenses | 101,255. | 70,898. | 16,507. | 13,850 |
| | formation technology | | | | |
| | oyalties | | | | |
| 16 O | ccupancy | 59,321. | 49,974. | 3,007. | 6,340 |
| 17 Tr | avel | 22,851. | 17,775. | 3,134. | 1,942 |
| 18 Pa | ayments of travel or entertainment expenses | | | | |
| fo | r any federal, state, or local public officials | | | | 1 |
| 19 Co | onferences, conventions, and meetings | 12,891. | 9,045. | 1,983. | 1,863 |
| | terest | | | | |
| | ayments to affiliates | | | | |
| | epreciation, depletion, and amortization | 15,047. | 11 210 | 15,047. | 1 505 |
| | | 14,013. | 11,310. | 1,118. | 1,585 |
| ab lin | her expenses. Itemize expenses not covered ove (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0.) | | | | |
| a | | | | | |
| b | | | | | |
| с _ | | | | | |
| d | | | | | |
| | l other expenses | 1 522 450 | 1 0 0 0 0 0 0 | | |
| | otal functional expenses. Add lines 1 through 24e | 1,533,450. | 1,032,283. | 226,661. | 274,506 |
| | int costs. Complete this line only if the organization | | | | |
| | ported in column (B) joint costs from a combined | | | | |
| | lucational campaign and fundraising solicitation. | | | | |
| Ch | eck here Fillowing SOP 98-2 (ASC 958-720) | | | | Form 990 (2019 |

27-1848709 Page 11

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|------------|-----------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or ne | ote to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 421,246. | 1 | 176,069. |
| | 2 | Savings and temporary cash investments | | | 460,960. | 2 | 501,359. |
| | 3 | Pledges and grants receivable, net | | | 620,070. | 3 | 490,030. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | stantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqua | alified pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | ed in se | ction 4958(c)(3)(B) | | 6 | |
| its | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ◄ | 9 | Prepaid expenses and deferred charges | | | 5,410. | 9 | 3,588. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 49,334. | | | |
| | b | Less: accumulated depreciation | 10b | 31,801. | 6,449. | 10c | 17,533. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | e 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | 1,514,135. | 16 | 1,188,579. | | |
| | 17 | Accounts payable and accrued expenses | 23,634. | 17 | 25,369. | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| ies | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | | | | | |
| .iab | | controlled entity or family member of any of the | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelat | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | • | | | | |
| | | parties, and other liabilities not included on line | es 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | 22 624 | 25 | 25 260 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 23,634. | 26 | 25,369. |
| So | | Organizations that follow FASB ASC 958, ch | leck he | e 🕨 🔽 | | | |
| nce | 07 | and complete lines 27, 28, 32, and 33. | | | 1,075,501. | 07 | 834,710. |
| ala | 27 | Net assets without donor restrictions | | | 415,000. | 27 | 328,500. |
| Ыd | 28 | Net assets with donor restrictions | | | 413,000. | 28 | 520,500. |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC | 958, cn | eck here 🕨 🛄 | | | |
| ٦ ا | | and complete lines 29 through 33. | _ | | | | |
| ets | 29 | Capital stock or trust principal, or current fund | | | | 29 | |
| Ass | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | <u> </u> |
| et ∕ | 31 | Retained earnings, endowment, accumulated | | F | 1,490,501. | 31 | 1,163,210. |
| Ż | 32 | Total net assets or fund balances | | | 1,514,135. | 32 33 | 1,188,579. |
| | 33 | Total liabilities and net assets/fund balances | | | -,,,, | აა | Eorm 990 (2010) |

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

| | 990 (2019) GIRL BE HEARD INSTITUTE | 27- | 184870 | 9 F | Page 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 | | | 159 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 450 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 291 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,4 | 90, | 501 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0 |
| 0 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 1,1 | 63, | 210 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Ye | s 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 in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | 1 | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d 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 separat | | | | |
| | 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 | e 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 on Scl | | | · | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | |
| 54 | Act and OMB Circular A-133? | -gio / lui | 3a | | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired au | | - | + |
| 5 | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |
| | or addits, explain with on obliedule of and describe any steps taken to undergo such addits | | | | 0 (0010 |

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

| | 2019 |
|-------|------------------------------|
| | Open to Public Inspection |
| Emplo | er identification number |

OMB No. 1545-0047

Т

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| | | | BE HEARD | | | | | | 7-1848709 |
|------|---|--|----------------------------|--|------------------------|---------------------|----------------------------------|----------------------|---|
| Pa | rt I | Reason for Public (| Charity Status (A | All organizations must co | mplete th | is part.) Se | ee instructions | s. | |
| 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 orga | anization described in se | ction 170 | (b)(1)(A)(i | ii). | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | d or operat | ted by a g | overnmental u | init descrik | bed in |
| | | section 170(b)(1)(A)(iv). (C | complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governn | nental unit described in s | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | Χ | An organization that norma | lly receives a substa | ntial part of its support f | rom a gov | ernmental | unit or from t | ne general | public described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Parl | : 11.) | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| i x) operate | ed in conju | inction with a | land-grant | college |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | y, and state of | the colleg | e or |
| | | university: | | | | | | | |
| 10 | | An organization that norma | lly receives: (1) more | than 33 1/3% of its sup | port from | contributi | ons, members | hip fees, a | Ind gross receipts from |
| | | activities related to its exen | npt functions - subje | ct to certain exceptions, | and (2) no | o more tha | n 33 1/3% of | its suppor | t from gross investment |
| | | income and unrelated busir | ness taxable income | (less section 511 tax) fro | om busine | sses acqu | ired by the or | ganization | after June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | |
| 11 | | An organization organized a | and operated exclus | ively to test for public sa | fety. See s | section 50 |)9(a)(4). | | |
| 12 | | An organization organized a | and operated exclus | ively for the benefit of, to | perform t | the functio | ons of, or to ca | arry out the | e purposes of one or |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section & | 5 09(a)(2) . | See section 5 | 6 09(a)(3). (| Check the box in |
| | | lines 12a through 12d that | describes the type o | f supporting organizatio | n and corr | nplete lines | s 12e, 12f, and | d 12g. | |
| а | | Type I. A supporting orga | nization operated, s | upervised, or controlled | by its sup | ported org | ganization(s), t | ypically by | ' giving |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | a majority o | of the dire | ctors or truste | es of the s | supporting |
| | | organization. You must c | omplete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting org | anization supervised | l or controlled in connec | tion with it | s support | ed organizatio | n(s), by ha | iving |
| | | control or management o | f the supporting org | anization vested in the s | ame perso | ons that co | ontrol or mana | ge the sup | ported |
| | | _ organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| с | | Type III functionally inte | grated. A supporting | g organization operated | in connec [.] | tion with, a | and functional | ly integrat | ed with, |
| | | its supported organization | n(s) (see instructions |). You must complete F | Part IV, Se | ections A, | D, and E. | | |
| d | | Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection v | vith its suppor | ted organi | zation(s) |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a dist | ribution re | quirement and | d an attent | iveness |
| | | _ requirement (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | а Туре I, Туре | II, Type III | |
| | | functionally integrated, or | | | | | | | · |
| f | Ente | er the number of supported o | organizations | | | | | | |
| g | | vide the following information | | | (iv) Is the orga | nization listed | | | |
| | (| i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount of support (see in | - | (vi) Amount of other support (see instructions) |
| | | organization | | above (see instructions)) | Yes | No | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| IULD | | | | | | | 1 | | 1 |

Schedule A (Form 990 or 990-EZ) 2019 GIRL BE HEARD INSTITUTE Part II Support Schedule for Organizations Described in Section

27-1848709 Page 2

| rt 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.) |

| See | ction A. Public Support | | | | | | |
|-------------|--|-----------------------|---------------------|------------------------|---------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 836,992. | 1366406. | 1295718. | 1701986. | 1179713. | 6380815. |
| 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 | | | | | | |
| Ŭ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 836,992. | 1366406. | 1295718. | 1701986. | 1179713. | 6380815. |
| 5 | The portion of total contributions | | | | | | |
| 5 | 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, | | | | | | 2109342. |
| | column (f) | | | | | | 4271473. |
| | Public support. Subtract line 5 from line 4. | | | | | | 42/14/3. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 836,992. | 1366406. | 1295718. | 1701986. | 1179713. | 6380815. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \ldots | 160. | 156. | 212. | 393. | 399. | 1,320. |
| 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.) | 1,858. | 1,242. | 1,499. | 60. | 11,334. | 15,993. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6398128. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 946,230. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | | | | | | |
| See | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2019 (I | ine 6, column (f) di | vided by line 11, o | column (f)) | | 14 | 66.76 % |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | 67.78 % |
| | 33 1/3% support test - 2019. If the c | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2018. If the o | | | | | | |
| | and stop here. The organization qual | - | | | | | |
| 1 7a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| h | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 19 | Private foundation. If the organizatio | | | | | | |
| 10 | Finale Ioundation. If the organizatio | n diu not check a | | a, 100, 17a, 01 17k | | | ∍ ► ∟ |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 GIRL BE HEARD INSTITUTE

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.)

| Sec | tion A. Public Support | | | | | | |
|------|--|---------------------------|----------------------|------------------------|----------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 | | | | 1 | | |
| 0 | 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 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | 1 | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b 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.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio | on 501(c)(3) organia | zation, |
| | check this box and stop here | | | | | |) |
| Sec | tion C. Computation of Public | | | | | | |
| 15 | Public support percentage for 2019 (I | ine 8, column (f), o | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| | tion D. Computation of Investion | | | | | | |
| 17 | Investment income percentage for 20 | 19 (line 10c, colu | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2019. If the | | | | | 33 1/3%, and line | |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2018. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | |
| | 3 09-25-19 | | | , , ., | | | 0 or 990-EZ) 2019 |

Yes

No

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

- 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* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

932024 09-25-19

10b

| | | | Yes | No |
|-----|--|----------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | 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. | 11c | | |
| Sec | tion 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | 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). | 2 | | |
| 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. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | truction | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? <i>Provide details in</i> Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2019 GIRL BE HEARD INSTITUTE

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.

| | | (A) Prior Year | (B) Current Year (optional) |
|---|----|--|--|
| | 1 | | |
| butions | 2 | | |
| ructions) | 3 | | |
| | 4 | | |
| | 5 | | |
| s paid or incurred for production or | | | |
| for management, conservation, or | | | |
| for production of income (see instructions) | 6 | | |
| ions) | 7 | | |
| act lines 5, 6, and 7 from line 4) | 8 | | |
| unt | | (A) Prior Year | (B) Current Year (optional) |
| of all non-exempt-use assets (see | | | |
| r or assets held for part of year): | | | |
| curities | 1a | | |
| ces | 1b | | |
| n-exempt-use assets | 1c | | |
| c) | 1d | | |
| ge or other | | | |
| irt VI): | | | |
| plicable to non-exempt-use assets | 2 | | |
| | 3 | | |
| ot use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | 4 | | |
| assets (subtract line 4 from line 3) | 5 | | |
| | 6 | | |
| butions | 7 | | |
| d line 7 to line 6) | 8 | | |
| : | | | Current Year |
| year (from Section A, line 8, Column A) | 1 | | |
| | 2 | | |
| rior year (from Section B, line 8, Column A) | 3 | | |
| 3. | 4 | | |
| | 5 | | |
| | | | |
| ion (see instructions). | 6 | | |
| | | 1 1 ibutions 2 ructions) 3 4 5 res paid or incurred for production or for management, conservation, or d for production of income (see instructions) 6 ions) 7 act lines 5, 6, and 7 from line 4) 8 unt 8 of all non-exempt-use assets (see r or assets held for part of year): 1a ces 1b n-exempt-use assets 1c lcc) 1d ge or other art VI): 1d plicable to non-exempt-use assets 2 3 3 ot use. Enter 1-1/2% of line 3 (for greater amount, 4 4 assets (subtract line 4 from line 3) 5 6 6 ibutions 7 id line 7 to line 6) 8 t 2 rior year (from Section A, line 8, Column A) 1 2 7 3. 4 year 5 ract line 5 from line 4, unless subject to 5 | 1 1 ibutions 2 ructions) 3 4 5 is paid or incurred for production or for management, conservation, or d for production of income (see instructions)) 6 6 6 ions) 7 act lines 5, 6, and 7 from line 4) 8 unt (A) Prior Year of all non-exempt-use assets (see r or assets held for part of year): 1 ces 1b n-exempt-use assets 1c lco 1d ge or other art VI): 1d plicable to non-exempt-use assets 2 assets (subtract line 4 from line 3) 5 ibutions 7 id line 7 to line 6) 8 t 2 rior year (from Section A, line 8, Column A) 3 3. 4 year 5 ract line 5 from line 4, unless subject to 5 |

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

Schedule A (Form 990 or 990-EZ) 2019

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|-------|--|-------------------------------|--|---|
| Secti | ion D - Distributions | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | |
| 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 | ne organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| c | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| - | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| e | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Dect | | | |
|---------|---|--|--|
| Part VI | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. | | |
| | | | |
| | (See instructions.) | | |
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| SCHEDULE I | D |
|-------------------|---|
|-------------------|---|

| (Form | 990) |
|-------|------|
|-------|------|

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.



| n |
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Employer identification number 27 - 1848709

Schedule D (Form 990) 2019

| | GIRL BE HEARD INSTITUTE | 27-1848709 |
|----|---|--|
| Pa | t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A | Accounts.Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (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 writing that the assets held in donor advised fu | nds |
| | are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | only |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe | erring |
| | impermissible private benefit? | |
| Pa | t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV | /, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (for example, recreation or education) | 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 qualified conservation contribution in the form of a c | conservation easement on the last |
| | day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| с | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure | |
| | listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga | inization during the tax |
| | year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | Yes No |
| 6 | violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | ······································ |
| 0 | | tion easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e | assements during the year |
| ' | Another of expenses incurred in monitoring, inspecting, narding of violations, and enorcing conservation especting. | asements during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(| (B)(i) |
| Ū | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense state | |
| - | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t | |
| | organization's accounting for conservation easements. | |
| Pa | t III Organizations Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba | alance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | ance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan | ce sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand | ce of public service, |
| | provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | 🕨 \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain | , provide |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | |
| b | Assets included in Form 990, Part X | 🕨 \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

| Sche | dule D (Form 990) 2019 GIRL BE | HEARD INS | TITUT | ΓE | | | 2 | 7-18 | 4870 | 9 Page 2 |
|------|--|-------------------------|--------------|---------------|---------------|--------------|-----------------------|-----------|-------------------|------------|
| Par | t III Organizations Maintaining C | Collections of A | rt, Hist | orical Tr | easures, c | or Other | [·] Simila | r Asse | ts (contir | nued) |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, check | any of the | following tha | t make sig | gnificant u | se of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | | | nange progra | | | | | |
| b | Scholarly research | e | • L C | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | | | | | | | e in Parl | XIII. | |
| 5 | During the year, did the organization solicit of | | - | | | | | | г | |
| Des | to be sold to raise funds rather than to be m | | | | | | | | Yes | └── No |
| Pai | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered ' | 'Yes" on F | ⁻ orm 990, | Part IV, | line 9, or | |
| 4- | reported an amount on Form 990, Pa | | -l' 6 | | | + | | | | |
| па | Is the organization an agent, trustee, custod | | • | | | | | |] Vaa | |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII | | | | | | | ····· L | Yes | No No |
| a | In res, explain the arrangement in Part XIII | and complete the it | bilowing ta | abie. | | | | | Amoun | |
| • | Reginning balance | | | | | | 1c | | Amoun | L |
| | Beginning balance Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| | Ending balance | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| Par | | | | | | | | | | |
| | | (a) Current year | (b) Pr | ior year | (c) Two year | s back (c | i) Three yea | ars back | (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| с | 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 cur | | ce (line 1g | g, column (a | l)) held as: | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | |
| | Permanent endowment | % | | | | | | | | |
| с | | % | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that | t are held a | nd administe | red for the | e organiza | tion | ſ | Mar Na |
| | by: | | | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| h | (ii) Related organizations If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization of the related organization | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | 30 | |
| _ | t VI Land, Buildings, and Equipn | | | | | | | | | |
| | Complete if the organization answere | | 0. Part IV | , line 11a. S | ee Form 990 | . Part X. li | ne 10. | | | |
| | Description of property | (a) Cost or c | | (b) Cost | 1 | | umulated | | (d) Boo | k value |
| | · -· -· -· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· | basis (investr | | basis | | () | eciation | | ., | - |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | 6,131. | | 10,97 | | | 5,152. |
| | Equipment | | | 2 | 3,203. | | 20,82 | 2. | | 2,381. |
| e | Other | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colum | n (B), line 1 | 0c.) | | | | 1 | 7,533. |

Schedule D (Form 990) 2019

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) (A)

| <u> </u> | |
|--|--|
| (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. (Co | blumn (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 | j. |
| 1. | (a) Description of liability | (b) Book value |
| (1) Fe | ederal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

| Sche | edule D (Form 990) 2019 GIRL BE HEARD INSTITUTE | | | 27- | 1848709 Page 4 |
|--|--|---|----------------|----------------------------|---|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | ents With | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,287,418. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | | | 81,259. | | |
| с | Recoveries of prior year grants | | | | |
| d | | | | | |
| е | | | | 2e | 81,259. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,206,159. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | . 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| F | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 1,206,159. |
| | | | | - | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With | | - | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | n ents Witł a. | n Expenses per | - | ırn. |
| 9 Pa | rt XII Reconciliation of Expenses per Audited Financial Staten | n ents Witł a. | n Expenses per | - | |
| | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents With | n Expenses per | Retu | ırn. |
| 1 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents With | n Expenses per | Retu | ırn. |
| 1 2 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | nents With a. 2a | n Expenses per | Retu | ırn. |
| 1 2 a | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | n Expenses per | Retu | ırn. |
| 1 2 b c d | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 81,259. | Retu | ırn. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | 81,259. | 1 2e | rn. <u>1,614,709</u> . 81,259. |
| 1 2 b c d | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 81,259. | 1 | ırn. |
| 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | 81,259. | 1 2e | rn. <u>1,614,709</u> . 81,259. |
| 1 2 b c d e 3 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | 81,259. | 1 2e | rn. <u>1,614,709</u> . 81,259. |
| 1 2 b c d 3 4 | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | 81,259. | 1 2e | rn. <u>1,614,709</u> . 81,259. |
| 1 2 a b c d e 3 4 a | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a 2b 2c 2d 4a 4b | 81,259. | Retu 1 2e 3 4c | rn. <u>1,614,709.</u> <u>81,259.</u> <u>1,533,450.</u> 0. |
| 1 2 d e 3 4 b c 5 | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 4a 4b | 81,259. | 1 2e 3 | rn. <u>1,614,709</u> . <u>81,259</u> . <u>1,533,450</u> . |

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

PART X, LINE 2:

| THE INSTITUTE FILES AN ANNUAL FORM 990, RETURN OF ORGANIZA | ATION EXEMPT FF |
|--|-----------------|
|--|-----------------|

INCOME TAX, WITH THE INTERNAL REVENUE SERVICE ('IRS'). AT DECEMBER 31,

2019, THE INSTITUTE'S FORM 990S FOR THE YEARS 2016 THROUGH 2019 REMAIN

ELIGIBLE FOR EXAMINATION BY THE IRS.

| SCHEDULE G | Suppleme | ntal Information Regar | rding Fun | drais | ing or Gaming | Activ | vities | OMB No. 1545-0047 |
|---|--|---|--|--|--|------------|--|---|
| (Form 990 or 990-EZ) | | e organization answered "Ye organization entered more th | | | | or 19, | or if the | 2019 |
| Department of the Treasury Internal Revenue Service | • | Attach to For | | | | | | Open to Public Inspection |
| Name of the organization | | to www.irs.gov/Form990 for | r instructior | is and | the latest informat | | Employer id | lentification number |
| | | HEARD INSTITUT | | | | | 27-184 | |
| | ing Activities. complete this par | Complete if the organization t. | answered "\ | 'es" oi | n Form 990, Part IV, | line 17 | 7. Form 990-E | EZ filers are not |
| Indicate whether the a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio key employees lister | e organization rais ions email solicitations ations licitations n have a written c ed in Form 990, P highest paid indiv | sed funds through any of the f e S S f S g S S or oral agreement with any indi art VII) or entity in connection viduals or entities (fundraisers) | iolicitation of pecial fundra ividual (inclu with profess | non-g gover aising ding o ional f | overnment grants nment grants events fficers, directors, true undraising services? | stees, | Ye | |
| (i) Name and address or entity (fund | | (ii) Activity | fund have c or cor | Did raiser ustody itrol of utions? | (iv) Gross receipts from activity | tò (o f | Amount paid r retained by undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| Total | | | | | | | | |
| | ch the organizatio | on is registered or licensed to s | solicit contrik | outions | s or has been notified | d it is | exempt from | registration |
| | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 GIRL BE HEARD INSTITUTE

27-1848709 Page 2

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | of fundraising event contributions and gr | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events |
|-----------------|--------|---|---------------------------------------|----------------------------|--------------------------|------------------------------|
| | | | GALA | | NONE | (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 57,765. | | | 57,765. |
| | 2 | Less: Contributions | 57,165. | | | 57,165. |
| | 3 | Gross income (line 1 minus line 2) | 600. | | | 600. |
| | 4 | Cash prizes | | | | |
| Se | 5 | Noncash prizes | | | | |
| xpense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 0 - 0 | | | 250. |
| | | Direct expense summary. Add lines 4 through | | | | 250. |
| Pa | | Net income summary. Subtract line 10 from li Gaming. Complete if the organization a | · · · · · · · · · · · · · · · · · · · | | | 350. |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on on | 1330,1 art IV, inte 13, 01 | reported more than | |
| e | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | | bingo/progressive bingo | (c) other gaming | col. (a) through col. (c)) |
| Rev | | | | | | |
| | 1 | Gross revenue | | | | |
| G | 2 | Cash prizes | | | | |
| nse | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direc. | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes% | Yes% | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 through | 1 5 in column (d) | | ▶ | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1 column (d) | | | |
| | | | | | | I |
| | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming a | | | | Yes No |
| b |) f " | No," explain: | | | | |
| | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or to | erminated during the tax | year? | Yes No |
| | | Yes," explain: | | | | |
| | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2019

| Sch | nedule G (Form 990 or 990-EZ) 2019 GIRL BE HEARD INSTITUTE 27 | -1848 | 8709 | Page 3 |
|-----|--|--------------|--------|----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | 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 | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | a The organization's facility | 13a | 1 | % |
| | • An outside facility | | 1 | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | /0 |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records. | | | |
| | Name | | | |
| | Address | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No No |
| ł | o 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 No |
| k | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | 3 | | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | Part III, li | nes 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| SCHEDULE I (Form 990) | | Comple Comple | 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.} | er Assistand d Individual answered "Yes" | Id Other Assistance to Organizations, Its, and Individuals in the United State anization answered "Yes" on Form 990, Part IV, line 21 o | izations, ted States t IV, line 21 or 22. | | OMB No. 1545-0047 |
|--|--|---------------------------------|---|---|---|--|--|---|
| Department of the Treasury Internal Revenue Service | | | Go to www.irs | Attach to Form 990. s.gov/Form990 for the Is | Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | lation. | | Open to Public Inspection |
| Name of the organization | ation GIRL BE HEARD | | INSTITUTE | | | | | Employer identification number $27 - 1848709$ |
| Part I General I | General Information on Grants and Assistance | d Assistance | | | | | - | |
| 1 Does the organ | 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 | substantiate the | amount of the grants | or assistance, the | grantees' eligibility | / for the grants or ass | istance, and the selecti | |
| Criteria used to | criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | ance? | oring the use of grant t | funds in the United | d States | | | |
| art | Grants and Other Assistance to Domestic Organizations and | omestic Organi | zations and Domestic | Governments. C | complete if the orga | Inization answered "Y | Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | IV, line 21, for any |
| recipient | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | 5,000. Part II can | be duplicated if addition | onal space is need | led. | | | |
| 1 (a) Name and a or go | 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 |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Enter total num | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | d government or | ganizations listed in the | e line 1 table | | | | |
| 3 Enter total num | Enter total number of other organizations listed in the line 1 table | listed in the line ⁻ | l table | | | | | |
| LHA For Paperwor | LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instructi | ons for Form 990. | | | | | Schedule I (Form 990) (2019) |

932101 10-26-19

34

| Schedule I (Form 990) (2019) GIRL BE HEARD INSTITUTE | NSTITUTE | | | | 27-1848709 Page 2 |
|---|--------------------------|-----------------------------|--|--|---------------------------------------|
| r Assistance to D plicated if addition | . Complete if the | organization answe | sred "Yes" on Form 9 | 90, Part IV, line 22. | |
| (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 |
| SCHOLARSHIP | - | 7,506. | 0 | 0 . FMV | |
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| Part IV Supplemental Information. Provide the information required in | | e 2; Part III, column | I I Part I, line 2; Part III, column (b); and any other additional information. | lditional information. | |
| PART I, LINE 2: | | | | | |
| THE ORGANIZATION CONDUCTED A PRIVATE | TE FUNDRAISER | FOR | A PARTICIPANT | ANT | |
| STRUGGLING WITH HER COLLEGE BILLS, | AND | REMITTED THE | PROCEEDS D | DIRECTLY TO | |
| THE PARTICIPANT'S COLLEGE. | | | | | |
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| 932102 10-26-19 | | ς Υ Γ | | | Schedule I (Form 990) (2019) |

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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

Employer identification number

27-1848709

GIRL BE HEARD INSTITUTE

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

CONSCIOUS THEATRE-MAKING, STORYTELLING AND PERFORMANCE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE DIRECTORS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE ORGANIZATION HAVE THE POWER TO ADOPT AND AMEND THE

ORGANIZATION'S BYLAWS AND THE RIGHT TO VOTE UPON AMENDMENTS TO THE

ORGANIZATION'S CERTIFICATE OF INCORPORATION.

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

THE FORM IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY OF THE 990 IS

DISTRIBUTED TO ALL BOARD MEMBERS.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS, OFFICERS, AND EMPLOYEES (COLLECTIVELY INTERESTED PERSONS), MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST OR PERSONAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS, OFFICERS AND MEMBERS OF ANY COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST OR PERSONAL INTEREST, AND AFTER ANY RELEVANT DISCUSSION WITH THE INTERESTED PERSON, THE

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization GIRL BE HEARD INSTITUTE | Employer identification number 27-1848709 |
| INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEET | |
| TIME THAT THE DETERMINATION OF WHETHER A CONFILCT OF INTE | REST EXISTS IS |
| DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTE | E MEMBERS SHALL |
| DECIDE IF A CONFLICT OF INTEREST EXISTS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| THE INSTITUTE CONDUCTED A COMPENSATION BENCHMARKING ANALY | SIS FOR ALL |
| POSITIONS INCLUDING EXECUTIVE DIRECTOR. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER | EST POLICY, AND |
| FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ | UEST. |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTING & CONTRACT: | |
| PROGRAM SERVICE EXPENSES | 134,601. |
| MANAGEMENT AND GENERAL EXPENSES | 37,035. |
| FUNDRAISING EXPENSES | 34,377. |
| TOTAL EXPENSES | 206,013. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 206,013. |
| FORM 990, PART XII, LINE 2C: | |
| THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITI | ES FOR |
| OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE | LECTIONS OF AN |
| INDEPENDENT ACCOUNTANT. | |

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization GIRL BE HEARD INSTITUTE | Employer identification number 27-1848709 |
| THE ORGANIZATION UTILIZES A PROFESSIONAL EMPLOYER ORGANIA | TION (PEO) FOR |
| PAYROLL. THE W-2'S ARE IN THE NAME AND USE OF THE ID# OF | THE PEO. |
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