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# FEDERAL FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2018

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**PUBLIC DISCLOSURE COPY** 

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2018 calendar year, or tax year beginning	, 2018	, and ending	]			, 20	'
		C Name of organization				D Employer ide	ntificatio	n number	
<b>B</b> c	heck if a	SHE'S THE FIRST, INC.				65-132	1437		
	Addre								
	7 '	Number and street (or P.O. box if mail is	s not delivered to street address)	Room/suite		E Telephone nu	mber		
	Initial	1 return 590 AVENUE OF THE AME	RICAS, 13TH FL			(646) 45	9 - 368	32	
	Final termi	return/ City or town, state or province, country,	and ZIP or foreign postal code						
	Amer	NEW YORK, NY 10011				<b>G</b> Gross receipts	\$	1,34	2,126.
		F Name and address of principal officer:	TAMMY TIBBETTS			H(a) Is this a gro		or Yes	s X No
	_ perior		CAS, 13TH, NEW YORK, N	7 10011		subordinates <b>H(b)</b> Are all subord		led? Yes	s No
$\overline{\Gamma}$	Tax-ex	xempt status: X 501(c)(3) 501(c) (	) <b>◀</b> (insert no.) 4947(a)(1)	or 52	27	` `		(see instruction	ns)
J	Websi	ite: ▶ WWW.SHESTHEFIRST.ORG	, , , , , , , , , , , , , , , , , , , ,			H(c) Group exem	ption numb	ber 🕨	
ĸ	Form	of organization: X Corporation Trust	Association Other	L Year o	of format	ion: 2010 <b>M</b>			e: NY
	art I	Summary							
		Briefly describe the organization's mission	or most significant activities FIGHT	S FOR A	WORL	D WHERE E	VERY	GIRL	
ø		CHOOSES HER OWN FUTURE. WE							
auc		SURE GIRLS ARE EDUCATED, R							
Governance	2	Check this box  if the organization	discontinued its operations or dispos	ed of more th	an 25%	of its net asset	S.		
90		Number of voting members of the governing	· ·				3		11.
∞ ಶ		Number of independent voting members of					4		9.
Activities		Total number of individuals employed in cal					5		7.
Ξ̈́		Total number of volunteers (estimate if neces					6		130.
Ac		Total unrelated business revenue from Part					7a		0.
		Net unrelated business taxable income from					7b		
					T	Prior Year	1	Current	Year
_	8	Contributions and grants (Part VIII, line 1h)				1,392,86	9.	1,32	3,847.
nue	9	Program service revenue (Part VIII, line 2g)					0.		0.
Revenue	10	Investment income (Part VIII, column (A), lir					0.		0.
Ř	11	Other revenue (Part VIII, column (A), lines 5					0.		0.
	12	Total revenue - add lines 8 through 11 (mus				1,392,86	9.	1,32	3,847.
	13	Grants and similar amounts paid (Part IX, co	· · · · · · · · · · · · · · · · · · ·			765,71			4,161.
	14	Benefits paid to or for members (Part IX, col					0.		0.
w	15	Salaries, other compensation, employee ber				347,68	0.	44:	2,684.
Expenses		Professional fundraising fees (Part IX, colum					0.		0.
<u>e</u>	b	Total fundraising expenses (Part IX, column	(D), line 25) ► 106, 511						
û		Other expenses (Part IX, column (A), lines 1				192,77	6.	20	4,531.
		Total expenses. Add lines 13-17 (must equa				1,306,16	9.	1,51	1,376.
	19	Revenue less expenses. Subtract line 18 fro				86,70		-18'	7,529.
Net Assets or Fund Balances					Begin	ning of Current	ear ear	End of Y	ear
ets	20	Total assets (Part X, line 16)				760,66	8.	56'	7,245.
Ass	21	Total liabilities (Part X, line 26)				29,15	4.	2	3,260.
Net L	22	Net assets or fund balances. Subtract line 2	1 from line 20			731,51	4.	54:	3,985.
	rt II	Signature Block							
Und	der pei	nalties of perjury, I declare that I have examined t	his return, including accompanying sched	lules and state	ments, a	and to the best of	my kno	wledge and	belief, it is
true	, corre	ect, and complete. Declaration of preparer (other tha	an officer) is based on all information of wh	ich preparer h	as any kr	nowledge.			
Sig		Signature of officer				Date			
He	e								
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date		Check	if PTII	N	
Paic		SCOTT J MARIANI				self-employ	'	P006424	186
	oarer	Firm's name WITHUMSMITH+BROWI	N, PC			Firm's EIN ▶ 2			
Use	Only	Firm's address >200 JEFFERSON PARK SUITE	•					98-9494	
May	/ the	IRS discuss this return with the prepare		)				X Yes	No
$\overline{}$		rwork Reduction Act Notice, see the separa					1		<b>90</b> (2018)

JSA 8E1010 1.000

6109HC U600

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	CVIDLA TWO FIRST FIRST FOR A MODEL WINDS THERWARD AND AND OWN	
	SHE'S THE FIRST FIGHTS FOR A WORLD WHERE EVERY GIRL CHOOSES HER OWN FUTURE. WE TEAM UP WITH LOCAL ORGANIZATIONS TO MAKE SURE GIRLS ARE	
	EDUCATED, RESPECTED, AND HEARD.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog services?	gram Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program s	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a the total expenses, and revenue, if any, for each program service reported.	and allocations to others,
4a	a (Code: ) (Expenses \$ 1,274,708. including grants of \$ 864,161. ) (Revenue \$	0.)
	EXPENSES INCURRED TO FULFILL THE MISSION OF FIGHTING FOR A WORLD	
	WHERE EVERY GIRL CHOOSES HER OWN FUTURE. WE TEAM UP WITH LOCAL	
	ORGANIZATIONS TO MAKE SURE GIRLS ARE EDUCATED, RESPECTED, AND HEARD. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S STATEMENT	
	OF PROGRAM SERVICE ACCOMPLISHMENTS.	
4b	o (Code:) (Expenses \$ including grants of \$) (Revenue \$	)
_	(0.1)	
4C	Code:) (Expenses \$including grants of \$) (Revenue \$	)
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	e Total program service expenses ► 1,274,708.	
JSA 8E1	A 1020 1.000 6109HC U600	Form <b>990</b> (2018) PAGE

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#### Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . .

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
_0	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
		22		Х
04-	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	25b		Х
00		230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3.5
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
20	·			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		- 1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			ĺ
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	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,			ĺ
	or IV, and Part V, line 1	34		Х
35 a	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		Х
27		30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		х	
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			لـــاء
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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
h	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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
ou	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	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			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
		7f		Х
	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		
	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

SHE'S THE FIRST, INC. 65-1321437 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 11 Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 Х 14 14 Did the organization have a written document retention and destruction policy?............ 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? 15a X Χ 15b 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 Χ 16a 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?

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\triangleright \frac{NY}{N}$ 

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► TAMMY TIBBETTS 590 AVENUE OF THE AMERICAS, 13TH FL NEW YORK, NY 10011 646-459-3682

Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	hours per boweek (list any off		not ch unles	s pe	ition more	e than c is both or/trust	an	(D)  Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)GWEN GREENE	1.00									
DIRECTOR-CHAIR(1/1 - 12/10/18)	0.	Х		х				0.	0.	0.
(2)TARA ABRAHAMS	1.00									
DIRECTOR - CHAIR(EFF 12/10/18)	0.	Х		Х				0.	0.	0.
(3)HARISH NATARAJ	1.00									
DIRECTOR - VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)CHERNOR BAH	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)CHRISTEN BRANDT	55.00									
CO-FOUNDER/CPO - DIRECTOR	0.	Х		Χ				90,677.	0.	10,188.
(6)PHILIPPE LUST-BIANCHI	1.00									
DIRECTOR (EFF 12/10/18)	0.	X						0.	0.	0.
(7)DEE POKU	1.00									
DIRECTOR (EFF 12/10/18)	0.	X						0.	0.	0.
(8) JENNIFER SIMON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) INGRID SIMUNIC	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)LISA SEPULVEDA	1.00									
DIRECTOR (EFF 12/10/18)	0.	X						0.	0.	0.
(11)TAMMY TIBBETTS	55.00									
CO-FOUNDER/CEO - DIRECTOR	0.	X	Ш	Х				90,681.	0.	10,188.
(12)ANGELA BRISOTTI	1.00							_	_	_
TREASURER (EFF 12/10/18)	0.			Х				0.	0.	0.
(13)KIMBERLY HEINEN	1.00							_	_	_
TREASURER (1/1 - 12/10/18)	0.			Х				0.	0.	0.
(14)VIVIAN NUNEZ	1.00			Ψ,					_	_
SECRETARY (EFF 12/10/18)	0.			Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Tr		y En	ıpıo			and F	ııg		T	continu 		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe d a d	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	cor	(F) stimated mount of other npensati	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	SC) from organiz		on ed
15) ANDREA LONTOC	1.00											
SECRETARY (1/1 - 12/10/18)	0.			Х				0.	0 .			0
	<del> </del>											
	<del> </del>											
	<del> </del>											
	<u> </u>											
	<del> </del>											
1b Sub-total							<b>&gt;</b>	181,358.	0.		20,3	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<b>&gt;</b>	181,358.	0		20,3	0. 376.
2 Total number of individuals (including but not	limited to t	hose	liste				o re	1	\$100,000 of	1	<u> </u>	
reportable compensation from the organizatio	n ►	0 .	•								Yes	No
3 Did the organization list any former office	er directo	or or	tru	iste	e	kev e	emn	olovee or highes	t compensated		162	NO
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	If	"Yes	5,"			4		X
<ul> <li>individual</li></ul>	accrue co	mpen	satio	on f	fron	n any	un			5		X
Section B. Independent Contractors										ı	-	
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											(	
(A)								(B)		(C	)	

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

		Crieck if Scriedule O Contains a response of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns         1a           Membership dues         1b           Fundraising events         1c         190,642.           Related organizations         1d				
Contributions, and Other Sin	e f g	All other contributions, gifts, grants, and similar amounts not included above . If 1,133,205.  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	1,323,847.			
_e	<del></del>	Business Code	2,020,0211			
en.						
Re.	2a					
e	b					
Ξ	С					
Š	d					
ran	е					
Program Service Revenue	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest,				
		and other similar amounts)	0.			
	4	Income from investment of tax-exempt bond proceeds . >	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0.			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	L .	Less: cost or other basis				
	b					
		and sales expenses				
	C	Gain or (loss)	0.			
	d	Net gain or (loss)	0.			
ne	8a	Gross income from fundraising				
Ven		events (not including \$190,642.				
Other Revenu		of contributions reported on line 1c).				
Jer		See Part IV, line 18				
₹	b	Less: direct expenses				
	С	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a 0.				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0.			
	10a	Gross sales of inventory, less				
		returns and allowances a0.				
	Ь	Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory	0.			
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C	All all an annual				
	d	All other revenue	0.			
	4.2	Total. Add lines 11a-11d	1,323,847.			
	12	i otal revenue. See ilistructions.	1,343,041.		Í.	i .

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#### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a r	esponse or note to any lir	e in this Part IX		
Do not include amounts reported on lines 6b, 7 8b, 9b, and 10b of Part VIII.	7b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organization	าร			
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domest	ic			
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign	jn			
organizations, foreign governments, and foreig	· I			
individuals. See Part IV, lines 15 and 16		864,161.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, director trustees, and key employees		129,757.	28,775.	43,202.
6 Compensation not included above, to disqualifie				
persons (as defined under section 4958(f)(1)) ar				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages		124,708.	27,656.	41,521.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contribution				
9 Other employee benefits	19,605.	12,610.	2,796.	4,199.
10 Payroll taxes	27,460.	17,662.	3,917.	5,881.
11 Fees for services (non-employees):				
a Management	0.			
<b>b</b> Legal			125.	
c Accounting	45 250		45,350.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 1	7. 0.			
f Investment management fees	0.			
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, colu	ımn			
(A) amount, list line 11g expenses on Schedule O.).		13,807.	2,958.	15.
12 Advertising and promotion	1 500	620	222	0.81
13 Office expenses		630.	292.	871.
14 Information technology	^	3,699.	731.	945.
15 Royalties	10 000	7 704	1 600	0 577
16 Occupancy	104 405	7,724.	1,699.	2,577.
<b>17</b> Travel		98,823.	1,274.	4,388.
18 Payments of travel or entertainment expense	es 0.			
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	• •			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2 010	211.	2,799.	
23 Insurance			27.55	
24 Other expenses. Itemize expenses not covere above (List miscellaneous expenses in line 24e.				
line 24e amount exceeds 10% of line 25, colum				
(A) amount, list line 24e expenses on Schedule C				
aMISCELLANEOUS EXPENSES	15,613.	916.	11,785.	2,912.
	_		· ·	<u> </u>
b				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24	1,511,376.	1,274,708.	130,157.	106,511.
26 Joint costs. Complete this line only if the	ne			
organization reported in column (B) joint cos from a combined educational campaign a				
fundraising solicitation. Check here	if			
following SOP 98-2 (ASC 958-720)	0.			

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#### Part X Balance Sheet

ια	ιΛ				
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	530,391.	1	338,513.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	226,641.	3	228,732.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.		0.
ts	_	organizations (see instructions). Complete Part II of Schedule L	0.	6 7	0.
Assets	7	Notes and loans receivable, net	0.		0.
۲	8	Inventories for sale or use	3,636.	8	0.
	9	Prepaid expenses and deferred charges	3,030.	9	0.
	10 a	Land, buildings, and equipment: cost or			
	<b>L</b>	other basis. Complete Part VI of Schedule D  10a	Λ	10c	0.
		Less: accumulated depreciation	0.		0.
	11 12	Investments - publicly traded securities	0.		0.
	13	Investments - other securities. See Part IV, line 11	0.		0.
	14	Investments - program-related. See Part IV, line 11	0.	14	0.
	15	Intangible assets Other assets See Part IV line 11	0.	_	0.
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	760,668.	16	567,245.
$\overline{}$	17	Accounts payable and accrued expenses	29,154.		23,260.
	18	Grants payable	0.		0.
	19	Deferred revenue	0.		0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iq		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	_	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	29,154.	26	23,260.
es		Organizations that follow SFAS 117 (ASC 958), check here   X  and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	473,609.	27	275,051.
3al	28	Temporarily restricted net assets	257,905.	28	268,934.
ğ	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	731,514.	33	543,985.
-	34	Total liabilities and net assets/fund balances	760,668.	34	567,245.

Form **990** (2018)

65-1321437

Page **12** Form 990 (2018)

Part .	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			11,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	87,5	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	31,5	14.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		5	43,9	85.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	aht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form **990** (2018)

#### SCHEDULE A (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.

st. OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

SHE'S THE FIRST, INC. 65-1321437 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2018

Total

Schedule A (Form 990 or 990-EZ) 2018 Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

360	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	642,505.	1,050,774.	1,386,631.	1,392,869.	1,323,847.	5,796,626.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	642,505.	1,050,774.	1,386,631.	1,392,869.	1,323,847.	5,796,626.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						502,935.
6	Public support. Subtract line 5 from line 4						5,293,691.
	tion B. Total Support	(-) 0044	(1-) 0045	(-) 0040	(4) 0047	(-) 0040	(f) T-4-1
_	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017 1,392,869.	(e) 2018 1,323,847.	(f) Total
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	642,505.	1,050,774.	1,386,631.	1,392,809.	1,323,847.	5,796,626.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						5,796,626.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	42,592.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						01 22
14	Public support percentage for 2018 (lin		•			14	91.32%
15	Public support percentage from 2017	•	•			15	
16a	331/3% support test - 2018. If the org						
L	box and <b>stop here.</b> The organization qu	•		•			
D	331/3% support test - 2017. If the organization						
172	this box and <b>stop here</b> . The organization <b>10%-facts-and-circumstances test - 2</b>	•		_			
114	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			_	-		
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	•					
	Explain in Part VI how the organization						-
	supported organization				=	=	
18	Private foundation. If the organization						
•	instructions						

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 Page **3** 

#### 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			, ı	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
b	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						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	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	or the organiza	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and <b>stop here</b> .	ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

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Yes No

Schedule A (Form 990 or 990-EZ) 2018 Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 10 a 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

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				- 3
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
<b>h</b>	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	on an injury of the state of th		Yes	No
4	Did the directors, trustees, or membership of one or more supported expenientions have the power to			
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 <b>Part VI</b> 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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2		
Secur	on 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		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the aggregization provide to each of its composted aggregations, by the local day of the fifth month of the		Yes	No
ı	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	t	- (! \	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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 Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	, , <u>, , , , , , , , , , , , , , , , , </u>			

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organizes Section A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		,

Schedule A (Form 990 or 990-EZ) 2018

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part		Supporting Organizat	ions (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)

Schedule A (Form 990 or 990-EZ) 2018

## SCHEDULE D (Form 990)

## Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SHE	E'S THE FIRST, INC.	65-1321437
Pa	rt 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	n donor advised
	funds 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 fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt 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).	
		f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a 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
C	Number of conservation easements on a certified historic structure included in (a)	2c
	·	20
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
2		•
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ited by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located	n handling of
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
-		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
_		. 470(L)(4)(D)()
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	` ' ' ' ' ' ' '
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	istatements that describes the
Do	organization's accounting for conservation easements.  In till Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	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	<b></b> ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	:
а	Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
b	Assets included in Form 990, Part X	

Page 2 Schedule D (Form 990) 2018

Pa	rt    Organizations Maintaini	ing Collections o	f Art, Histo	rical Tre	asures,	or Other	Similar Assets (	continued)			
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	c any of t	he follov	ving that are a sign	nificant use of its			
	collection items (check all that app	ly):		_							
а	Public exhibition		d	Loan	or exchan	ge progra	ms				
b	Scholarly research		е	Other							
С	Preservation for future gene	rations						_			
4	Provide a description of the organ	nization's collectior	ns and expla	ain how t	hey furth	er the or	ganization's exemp	t purpose in Part			
	XIII.										
5	During the year, did the organization	on solicit or receive	donations o	f art, histo	orical trea	sures, or	other similar				
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, truste	ee, custodian or oth	her intermed	iary for c	ontributio	ns or othe	r assets not				
	included on Form 990, Part X?							Yes No			
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fol	lowing tak	ole:		_				
							Amount				
С	Beginning balance				1	С					
d	Additions during the year				1	d					
е	Distributions during the year				1	е					
f	Ending balance										
	Did the organization include an am						-	Yes No			
	If "Yes," explain the arrangement i	n Part XIII. Check	here if the ex	planation	has been	provided	on Part XIII	<u> </u>			
Pa	rt V Endowment Funds.			000 5		4.0					
	Complete if the organiza						1	<u> </u>			
		(a) Current year	(b) Prio	r year	<b>(c)</b> Two ye	ears back	(d) Three years 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			e (line 1g,	column (a	)) held as	<b>:</b> :				
а	Board designated or quasi-endown		%								
	Permanent endowment >	%									
С	Temporarily restricted endowment										
0 -	The percentages on lines 2a, 2b, a			4: 414		المحالم المحا	-:				
3a	Are there endowment funds not in	the possession of	tne organiza	ition that	are neid a	ına aamı	histered for the	Yes No			
	organization by:							3a(i)			
	(i) unrelated organizations							3a(ii)			
<b>L</b>	(ii) related organizations If "Yes" on line 3a(ii), are the relate							3b			
р 4	Describe in Part XIII the intended u	•	•					30			
	rt VI Land, Buildings, and Equ		ation's endo	willelit lui	ius.						
· a	Complete if the organize	ation answered "	Yes" on For	m 990, I	Part IV, li	ne 11a.	See Form 990, Pa	art X, line 10.			
	Description of property		or other basis estment)		or other basis ther)		cumulated (c	i) Book value			
1a	Land	,	oomioni)	0)		чер	23.41011				
b	Buildings										
C	Leasehold improvements										
d	Equipment			1							
	Other										
Tota	I Add lines 1a through 1e (Column	(d) must equal Fo	rm 000 Part	X columi	n (R) line	10c)	<b>•</b>				

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 Page 3

Part VII	Investments - Other Securities.  Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, li	ne 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) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (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, lin	ne 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. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, li	ne 15
		scription		ok value
(1)	(a) 2-0	Compacin	(2) 200	on value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	line 15.)	•	
Part X	Other Liabilities.		), Part IV, line 11e or 11f. See Form 990, Pa	art X,
1.	(a) Description of liability	(b) Book valu	ue l	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
		•	·	

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

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,430,845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	106,998.
3	Subtract line 2e from line 1	3	1,323,847.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,323,847.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,618,374.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	106,998.
3	Subtract line 2e from line 1	3	1,511,376.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,511,376.
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

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Schedule D (Form 990) 2018

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#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X

AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATMENTS FOR THIS ORGANIZATION FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017. THE FIN 48 (ASC 740) FOOTNOTE BELOW IS FROM THE ORGANIZATION'S 2017 AUDITED FINANCIAL STATEMENTS:

THE ORGANIZATION QUALIFIES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE ORGANIZATION IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES.

THE ORGANIZATION HAS EVALUATED THE LIKELIHOOD OF THEIR TAX EXEMPT STATUS BEING CHALLENGED AS REMOTE. ACCORDINGLY, THE ORGANIZATION HAS NOT INCLUDED ANY INCOME TAX PROVISIONS OR ANY POTENTIAL LIABILITIES FOR TAXES ON UNRELATED BUSINESS INCOME, INCLUDING INTEREST AND PENALTIES, IN THE FINANCIAL STATEMENTS RELATED TO POTENTIAL VIOLATIONS OF THEIR TAX EXEMPT STATUS. THERE ARE NO INCOME TAX RELATED INTEREST OR PENALTIES REFLECTED IN THESE FINANCIAL STATEMENTS.

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 2018 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SHE'S THE FIRST, INC.				05-13214	3 /
<b>General Information</b> Form 990, Part IV, line 1		Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
1 For grantmakers. Does the or assistance, the grantees' eligit grants or assistance?	oility for the grant	ts or assistanc	e, and the selection criteri	a used to award the	X Yes No
2 For grantmakers. Describe in outside the United States.	n Part V the org	anization's pro	ocedures for monitoring	the use of its grants an	d other assistance
3 Activities per Region. (The following	lowing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	EDUCATION	485,561.
(2) SOUTH ASIA	0.	0.	GRANTMAKING	EDUCATION	209,600.
(3) CENTRAL AMERICA/CARIBBEAN	0.	0	CD ANDMARTMO	EDVICINETON	160,000
(3) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	EDUCATION	169,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					864,161.
<b>b</b> Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b	)				864,161.

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

Schedule F (Form 990) 2018

SHE'S THE FIRST, INC. 65-1321437

Schedule F (Form 990) 2018

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			SUB-SAHARAN AFRICA	PROG GRANT	485,561.	CHECK			
(2)			SOUTH ASIA	PROG GRANT	209,600.	CHECK			
(3)			CENT. AMERICA/CARIBBEAN	PROG GRANT	169,000.	CHECK			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
<b>2</b> Er	nter total number of recipien the IRS, or for which the gra nter total number of other or	antee or counsel has pro	vided a section 501(c)(3) e	quivalency lette	r		•		11.

SHE'S THE FIRST, INC. 65-1321437

Schedule F (Form 990) 2018

## Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
_(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							11.5/5

65-1321437

Schedule F (Form 990) 2018

Part IV Foreign Forms

	a craight crime			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2018

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#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I; QUESTION 2

SHE'S THE FIRST ("STF") MONITORS THE USE OF ITS FUNDING OUTSIDE THE
UNITED STATES BY REQUIRING PARTNER ORGANIZATIONS TO SUBMIT YEARLY
MONITORING AND EVALUATION REPORTS. THE PARTNER USES A MEASUREMENT TOOL
PROVIDED BY STF, UNLESS THEY HAVE THEIR OWN METHODOLOGY. IN ADDITION, STF
CONDUCTS REGULAR SITE VISITS WHICH CONSIST OF PROGRAM OBSERVATION AND
FOCUS GROUPS WITH GIRLS AND STAFF.

Schedule F (Form 990) 2018

#### **SCHEDULE G** (Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer identification	on number
SHE'S THE FIRST, INC.					65-1321437	
Part I Fundraising Activities.				"Yes" on Form	990, Part IV, Iine	17.
Form 990-EZ filers are r	not required to comp	lete this p	oart.			
1 Indicate whether the organization	raised funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	citation of	non-government g	grants	
<b>b</b> Internet and email solicitation						
c Phone solicitations	g			ising events		
d In-person solicitations	J			3		
<ul><li>Did the organization have a writted or key employees listed in Form</li><li>b If "Yes," list the 10 highest paid</li></ul>	990, Part VII) or entity individuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No
compensated at least \$5,000 by t	ne organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
T. ( )						
Total			<b>.</b>	()	has been a comme	<u> </u>
3 List all states in which the organ	nization is registered (	or licensed	to solicit	contributions or	nas been notified	it is exempt from
registration or licensing.						

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts greaters.	aising event contributi							
		5 1 5	(a) Event #1 MENTOR BRKFAST	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through				
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
Revenue	1	Gross receipts	208,921.			208,921.				
		Less: Contributions	190,642.			190,642.				
	3	Gross income (line 1 minus line 2)	18,279.			18,279.				
	4	Cash prizes								
	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
t Exp	7	Food and beverages	12,000.			12,000.				
Direc	8	Entertainment	400.			400				
	9	Other direct expenses	5,879.			5,879.				
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	18,279.				
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "` e 6a.	Yes" on Form 990,	Part IV, line 19, or	reported more than				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Re	1	Gross revenue								
Jses	2	Cash prizes								
Expe	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes% No	Yes% No					
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>					
9 8	ì	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state	es?	Yes No				
l O a		Were any of the organization's gaming	g licenses revoked, susp	pended, or terminated d	uring the tax year?	Yes No				

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license? Yes [	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2018

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 65-1321437

SHE'S THE FIRST, INC.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
PROGRAM #1: SCHOLAR PROGRAM

IN 2018, SHE'S THE FIRST ALLOCATED FUNDS THAT REACHED MORE THAN 7,200 GIRLS ENROLLED IN OUR 12 PARTNER PROGRAMS LOCATED IN ETHIOPIA, GUATEMALA, INDIA, KENYA, NEPAL, PERU, SIERRA LEONE, SOUTH SUDAN, TANZANIA, THE GAMBIA, AND UGANDA. 100% OF STF PARTNERS ARE COMPRISED OF LOCAL TEAMS, WITH 75% HAVING EXECUTIVE LEADERSHIP FROM WITHIN THE COMMUNITY.

SHE'S THE FIRST PROVIDED FUNDING TO THESE PARTNERS TO SUPPORT GIRLS'

EDUCATION, MENTORSHIP, AND LEADERSHIP TRAINING. ADDITIONALLY, WE PROVIDED

SMALLER CAPACITY-BUILDING GRANTS TO HELP PARTNERS WITH INITIATIVES THAT

THEY DEEMED NECESSARY TO CREATE STRONGER OUTCOMES FOR GIRLS, E.G. SEXUAL

AND REPRODUCTIVE HEALTH TRAINING OR SELF-ESTEEM WORKSHOPS.

OUR PARTNER ORGANIZATIONS HAVE COMPLETED A RIGOROUS APPLICATION AND INTERVIEW PROCESS. REGULAR SITE VISITS AND REPORTS HELP US MONITOR THE PERFORMANCE AND NEEDS OF OUR PARTNERS TO ENSURE QUALITY.

PROGRAM #2: PARTNER TRAINING & CONVENING

SHE'S THE FIRST SEEKS OUT LOCAL SOLUTIONS TO GLOBAL CHALLENGES BY

PROVIDING COMMUNITY-BASED PARTNERS WITH KEY SUPPORT TO ACHIEVE A SHARED

VISION. WE DO THIS THROUGH THE GIRLS FIRST SUMMIT, A THREE-DAY CONVENING

DESIGN").

AND PROFESSIONAL DEVELOPMENT OPPORTUNITY IN NAIROBI, KENYA. TWO DAYS ARE FOCUSED ON KNOWLEDGE-SHARING AND TARGETED TRAININGS WITH STF PARTNERS, WHILE THE FINAL DAY IS OPEN TO 60+ LOCAL GRASSROOTS ORGANIZATIONS WITH SIMILAR GOALS. THE THIRD DAY FOCUSES BROADLY ON SKILLS AND POLICIES NEEDED FOR WORKING WITH GIRLS, INCLUDING THE PRINCIPLE OF PUTTING GIRLS' NEEDS AT THE CENTER OF ANY PROGRAM DESIGN ("GIRL-CENTERED PROGRAM

PROGRAM #3: CAMPUS CHAPTER PROGRAM

SHE'S THE FIRST TRAINS YOUTH TO BE GLOBAL LEADERS WHO ARE WELL-VERSED IN THE INTERCONNECTED ISSUES AFFECTING WOMEN AND GIRLS AROUND THE WORLD AND IN THEIR OWN COMMUNITIES. WE GUIDE THEM TO TAKE ACTIONS THAT HAVE A GLOBAL RIPPLE EFFECT.

SHE'S THE FIRST IS REPRESENTED ON 200+ HIGH SCHOOL, COLLEGE, AND UNIVERSITY CAMPUSES ALL OVER THE U.S. AND IN 19 COUNTRIES BY INDEPENDENT CHAPTERS, LED BY HIGHLY COMMITTED STUDENT LEADERS. STUDENTS PARTICIPATE IN OUR GLOBAL AWARENESS PROGRAM, A DISCUSSION-BASED CURRICULUM THAT COVERS TOPICS SUCH AS ECONOMIC EMPOWERMENT, TRAFFICKING, AND MATERNAL HEALTH CARE WITH AN INTERSECTIONAL LENS. CAMPUS CHAPTERS HOST FUNDRAISERS THROUGHOUT THE YEAR WHILE BEING ADVOCATES AND CREATING A DIALOGUE IN THEIR RESIDENCE HALLS, STUDENT CENTER, LOCAL COMMUNITY, AND ON SOCIAL MEDIA. EACH MEMBER HAS THE OPPORTUNITY TO ATTEND OUR ANNUAL STF SUMMIT IN NEW YORK CITY FOR HANDS-ON TRAINING THAT SHARPENS THEIR ACTIVISM AND

CHANGEMAKING SKILLS.

OTHER ELEMENTS OF OUR GLOBAL LEADERSHIP PROGRAMMING INCLUDES OUR ACTION NETWORK, A MOBILE-FRIENDLY PLATFORM AT ACTION.SHESTHEFIRST.ORG; OUR COMMUNITY IMPACT FELLOWSHIP FOR THE MOST COMMITTED STUDENT LEADERS; AND A CLASSROOM CURRICULUM THAT HELPS ELEMENTARY AND MIDDLE SCHOOL TEACHERS ENGAGE THEIR YOUNGEST STUDENTS IN OUR GLOBAL WORK.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE CO-FOUNDER/CHIEF EXECUTIVE OFFICER HAS THE RESPONSIBLITY TO OVERSEE AND COORDINATE THE FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S CO-FOUNDER/CHIEF EXECUTIVE OFFICER TO OBTAIN THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S CO-FOUNDER/CHIEF EXECUTIVE OFFICER FOR HER REVIEW. THE CO-FOUNDER/CHIEF EXECUTIVE OFFICER REVIEWED THE DRAFT FEDERAL FORM 990

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AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S CO-FOUNDER/CHIEF EXECUTIVE OFFICER FOR FINAL REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S CO-FOUNDER/CHIEF EXECUTIVE OFFICER FOR REVIEW. IF A CONFLICT IS NOTED, THE ORGANIZATION'S CO-FOUNDER/CHIEF EXECUTIVE OFFICER PRESENTS THIS TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR ITS REVIEW AND DISCUSSION AND ANY FOLLOW-UP ACTION; IF NECESSARY.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE COMPENSATION AND BENEFITS OF SENIOR MANAGEMENT, INCLUDING THE CO-FOUNDER/CHIEF EXECUTIVE OFFICER AND CO-FOUNDER/CHIEF PROGRAMS OFFICER, ARE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") TO ENSURE FAIR MARKET VALUE COMPENSATION IS PAID. WHERE APPROPRIATE, THE COMMITTEE REVIEWS EXTERNAL COMPARABLE DATA AND SEEKS ADVICE OF EXTERNAL CONSULTANTS TO ENSURE TOTAL COMPENSATION OF THESE INDIVIDUALS IS REASONABLE AND FAIR MARKET VALUE.

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CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS

CAN BE OBTAINED AND REVIEWED EITHER THROUGH THE STATE OF NEW YORK

DEPARTMENT OF THE TREASURY OR AT THE ORGANIZATION'S OFFICE.

CORE FORM, PART VII

CORE FORM, PART VII REFLECTS CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THE ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION; NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THE ORGANIZATION'S BOARD OF DIRECTORS.

CORE FORM, PART XII; QUESTION 2

AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE TAXPAYER FOR THE YEARS ENDED DECEMBER 31, 2018 AND DECEMBER 31, 2017;

RESPECTIVELY, AND ISSUED A CERTIFIED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED BY AN INDEPENDENT CPA FIRM FOR EACH YEAR. THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES THE RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF ITS INDEPENDENT AUDITOR.