Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.



| A | For th | e 2014 calendar year, or tax year beginning ar | nd ending | _ | | | | | | | | |
|---|-------------------------|--|--------------------|------------------------------|-----------------------------|--|--|--|--|--|--|--|
| B | Check if applicab | C Name of organization | | D Employer identifie | cation number | | | | | | | |
| â | | THE WOMEN AND GIRLS FOUNDATION | | | | | | | | | | |
| | Addre | Se OF SOUTHWEST PENNSYLVANIA | | | | | | | | | | |
| | Name Chang | e Doing business as | | 74-3 | 055311 | | | | | | | |
| | Initial | , | E Telephone number | | | | | | | | | |
| | Final | 100 WEST STATION SQUARE DRIVE | 315 | 412- | 434-4883 | | | | | | | |
| _ | termir ated | , , , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | G Gross receipts \$ | 482,607. | | | | | | | |
| | Amen | FILISBORGH, FA IJZIJ | | H(a) Is this a group re | eturn ? Yes X No | | | | | | | |
| | Applie tion pendi | F Name and address of principal officer: | | | | | | | | | | |
| | - | SAME AS C ABOVE | | H(b) Are all subordinates in | | | | | | | | |
| | | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(| 1) or 🛄 527 | | list. (see instructions) | | | | | | | |
| | | te: WWW.WGFPA.ORG | | H(c) Group exemption | | | | | | | | |
| | | organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 | L Year | of formation: 2002 | State of legal domicile: PA | | | | | | | |
| Pa | art I | Summary | | | | | | | | | | |
| e | 1 | 1 Briefly describe the organization's mission or most significant activities: THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA (WGF) IS AN INDEPENDENT, COMMUNITY-BASED | | | | | | | | | | |
| an | | | | | | | | | | | | |
| Activities & Governance | | Check this box | | | sets. 16 | | | | | | | |
| | 3 | | | | 16 | | | | | | | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4 | Number of independent voting members of the governing body (Part VI, line 1k | | | 5 | | | | | | | |
| ties | | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | | | 56 | | | | | | | |
| ţ | | Total number of volunteers (estimate if necessary) | | | 0. | | | | | | | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | | |
| | a | Net unrelated business taxable income from Form 990-T, line 34 | ····· | Prior Year | Current Year | | | | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 879,408. | <u>481,093.</u> | | | | | | | |
| anı | 9 | | | 0. | 0. | | | | | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,163. | 320. | | | | | | | |
| Å | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 48,259. | 1,194. | | | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 | | 928,830. | 482,607. | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 121,930. | 3,617. | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | |
| Ş | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 | | 353,149. | 226,870. | | | | | | | |
| nse | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | / | 0. | 0. | | | | | | | |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) | 047. | | | | | | | | | |
| ŵ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 314,657. | 195,329. | | | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 789,736. | 425,816. | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 139,094. | 56,791. | | | | | | | |
| or | | | | eginning of Current Year | End of Year | | | | | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 480,094. | 420,564. | | | | | | | |
| t As | 21 | Total liabilities (Part X, line 26) | | 122,636. | 14,263. | | | | | | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 357,458. | 406,301. | | | | | | | |
| Pa | art II | Signature Block | | | | | | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | Signature of officer HEATHER ARNET, CHIEF EXECUTIVE OFFICER | Date | | | | | | | | |
|--------------|---|--|--|--|--|--|--|--|--|--|
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name Preparer's signature | Date Check PTIN | | | | | | | | |
| Paid | JOHN C. STILLWAGGON, CPA | 07/23/15 ^{if} self-employed P00158206 | | | | | | | | |
| Preparer | Firm's name STILLWAGGON & MCGILL, LLC | Firm's EIN ► 27-4573546 | | | | | | | | |
| Use Only | Firm's address 10 WOODLAND CENTER DRIVE | | | | | | | | | |
| | GROVE CITY, PA 16127 | Phone no. 724 - 458 - 7490 | | | | | | | | |
| May the I | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | |
| 432001 11-0 | 432001 11-07-14LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2014) | | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| orm | THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA 74-3055311 Pa | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|
| | t III Statement of Program Service Accomplishments | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | | | | | | |
| 1 | Briefly describe the organization's mission: | | | | | | | |
| • | THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA (WGF) IS AN | | | | | | | |
| | INDEPENDENT, COMMUNITY-BASED FOUNDATION SERVING SOUTHWEST | | | | | | | |
| | PENNSYLVANIA. THE ORGANIZATION'S ACTIVE MISSION IS TO ACHIEVE GENDER | | | | | | | |
| | EQUITY BY INVESTING IN PUBLIC POLICY INITIATIVES THAT WILL RESULT IN | | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | | | | | | |
| _ | the prior Form 990 or 990-EZ? | | | | | | | |
| | If "Yes," describe these new services on Schedule O. | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | | | | | | |
| - | If "Yes," describe these changes on Schedule O. | | | | | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | | | | | | | |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | | | | | | | |
| | revenue, if any, for each program service reported. | | | | | | | |
| 4a | (Code:) (Expenses \$ 283,345. including grants of \$ 1,817.) (Revenue \$ | | | | | | | |
| Ĩ | EDUCATION AND OUTREACH - WGF EDUCATION AND OUTREACH PROGRAMS IN 2014 | | | | | | | |
| | INCLUDED; GIRLGOV (PROVIDING THE OPPORTUNITY FOR 100 GIRLS TO SHADOW | | | | | | | |
| | THEIR STATE LEGISLATORS, ENGAGE WITH WOMEN IN POLITICS FROM BOTH SIDE | | | | | | | |
| | OF THE AISLE, LEARN ABOUT WOMEN'S HISTORY, AND CREATE CHANGE IN THEIR | | | | | | | |
| | OWN COMMUNITIES); EQUAL PAY DAY (ANNUAL RALLIES ACROSS THE REGION TO | | | | | | | |
| | RAISE AWARENESS AND DEVELOP SOLUTIONS TO THE GENDER WAGE GAP), ZERO NO | | | | | | | |
| | MORE (INITIATIVE TO INCREASE WOMEN ON CORPORATE BOARDS); AND MADAME | | | | | | | |
| | PRESIDENTA: WHY NOT U.S.? (A DOCUMENTARY FILM EXPLORING ELECTED FEMALE | | | | | | | |
| | HEADS OF STATE IN OTHER COUNTRIES, BRAZIL IN PARTICULAR, AND INSPIRING | | | | | | | |
| | CITIZENS LOCALLY, STATEWIDE, AND NATIONALLY TO CONSIDER HOW WE MIGHT | | | | | | | |
| | APPLY LEARNINGS FROM THESE OTHER COUNTRIES TO OUR OWN LIVES). OVER 60 | | | | | | | |
| | WOMEN AND GIRLS PARTICIPATED DIRECTLY IN A WGF PROGRAM IN 2014 AND OV | | | | | | | |
| 4b | (Code:) (Expenses \$ 14,396. including grants of \$) (Revenue \$ | | | | | | | |
| 10 | PUBLIC ADVOCACY - WGF WORKS TO RAISE AWARENESS OF FUNDAMENTAL SOCIAL | | | | | | | |
| | INEQUALITIES TO THE MEDIA, TO VOTERS, TO PUBLIC OFFICIALS, AND BUSINESS | | | | | | | |
| | LEADERS. WGF ENGAGES IN PUBLIC ADVOCACY NOT JUST TO HIGHLIGHT CURRENT | | | | | | | |
| | GENDER INEQUITIES BUT MORE IMPORTANTLY TO AID THE COMMUNITY IN | | | | | | | |
| | DISCOVERING VIABLE SOLUTIONS THAT WILL CREATE SUSTAINED EQUITY FOR AL | | | | | | | |
| | CITIZENS. PUBLIC ADVOCACY EFFORTS IN 2014 WERE FOCUSED ON HELPING A | | | | | | | |
| | TEENAGER IN OUR COMMUNITY, AND MEMBER OF OUR GIRLGOV PROGRAM, SARAH | | | | | | | |
| | PESI, TO ADVANCE A BILL SHE WROTE THROUGH THE STATE LEGISLATURE. THE | | | | | | | |
| | GOAL OF THIS LEGISLATION WAS TO ENHANCE PROTECTIONS FOR VICTIMS OF | | | | | | | |
| | STALKING AND SEXUAL ASSAULT. WGF ENGAGED OVER 10,000 WOMEN AND GIRLS | | | | | | | |
| | SUPPORT SARAH'S EFFORTS THROUGH GRASSROOTS ADVOCACY EFFORTS. THE BILL | | | | | | | |
| | WAS MADE INTO LAW IN THE SUMMER OF 2014. OTHER EFFORTS WERE FOCUSED O | | | | | | | |
| 4c | (Code:) (Expenses \$ 2,650. including grants of \$ 1,800.) (Revenue \$ | | | | | | | |
| 10 | GRANTMAKING - GRANTMAKING AT WGF IS SUPPORTED 100% BY GRASS ROOTS | | | | | | | |
| | INDIVIDUAL DONATIONS. OUR VISION IS TO CREATE A REGION WHERE WOMEN AN | | | | | | | |
| | GIRLS HAVE EQUAL ACCESS, OPPORTUNITY, AND INFLUENCE IN ALL ASPECTS OF | | | | | | | |
| | THEIR PUBLIC AND PRIVATE LIVES. TO REALIZE THIS VISION, THE | | | | | | | |
| | ORGANIZATION'S GRANTMAKING PRIORITIES ARE TO ACHIEVE GENDER EQUITY BY | | | | | | | |
| | INVESTING IN PUBLIC POLICY INITIATIVES THAT WILL RESULT IN LONG-TERM, | | | | | | | |
| | SYSTEMIC CHANGE IMPACTING THE LIVES OF WOMEN AND GIRLS FOR GENERATION | | | | | | | |
| | TO COME. GRANTS ARE MADE TO NON-PROFIT ORGANIZATIONS TO SUPPORT THEIR | | | | | | | |
| | ADVOCACY EFFORTS TO ADVANCE AND PROTECT THE RIGHTS OF WOMEN AND GIRLS | | | | | | | |
| | IN SOUTHWEST PENNSYLVANIA, THROUGH LOCAL, STATE, AND FEDERAL EFFORTS. | | | | | | | |
| | ,,, _, | | | | | | | |
| 4d | Other program services (Describe in Schedule O.) | | | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | |
| 4e | Total program service expenses ► 300,391. | | | | | | | |
| 32002 1-07- | Form 990 (SEE SCHEDULE O FOR CONTINUATION(S) | | | | | | | |
| -07- | 2 | | | | | | | |

THE WOMEN AND GIRLS FOUNDATION

OF SOUTHWEST PENNSYLVANIA

| | | | Yes | No |
|--------|--|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | - - | | |
| • | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | - 23 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | x |
| 17 | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | <u> </u> |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form **990** (2014)

432003 11-07-14

Form 990 (2014)

Part IV Checklist of Required Schedules

THE WOMEN AND GIRLS FOUNDATION

| | | <u>55311</u> | P | age 4 |
|------|--|--------------|-----|--------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | x |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 20 | | |
| 2-74 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| h | - | ····· | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 040 | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25 a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | v |
| | Schedule L, Part I | 25 b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | 37 |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? 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, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28 a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer | , | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 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 | | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | | | 990 | (2014) |

432004 11-07-14

09360723 138440 WGFOUND

74-3055311 Page 4

OF SOUTHWEST PENNSYLVANIA

| THE | WOMEN | AND | GIRLS | FOUNDATION |
|-----|---------|-------|---------|------------|
| OF | SOUTHWI | EST I | PENNSYI | JVANIA |

| | 990 (2014) OF SOUTHWEST PENNSYLVANIA 74-305 | 5311 | P | age 5 |
|-----|--|------|-----|-------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | 7 | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 0 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | | 5 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| ~ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 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 | | | |
| та | 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: | та | | |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| Fo | | 50 | | x |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| юа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 0 | | x |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | v |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor | | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | v |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year7d | _ | | 37 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 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 | | | |
| с | Enter the amount of reserves on hand13c | | | |
| | 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 | | |
| | , <u> </u> | | | - |

432005 11-07-14

THE WOMEN AND GIRLS FOUNDATION

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

Form 990 (2014)

OF SOUTHWEST PENNSYLVANIA Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | _ , _, , _, _, _, _, _, _, , _, _, _, _, _, , _, , _, , _ | 1 1 4 | | Yes | |
|------|--|------------------------|---------|------|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 16 | | | L |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | l |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 16 | | | l |
| | Enter the number of voting members included in line 1a, above, who are independent 1b | | | | l |
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| | | | 8b | Х | t |
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| Sect | | | | | |
| | | | | Yes | T |
| 10a | Did the organization have local chanters, branches, or affiliates? | | 10a | 100 | t |
| | | | 100 | | t |
| b | | | 106 | | l |
| 110 | | | | х | t |
| | | | 11a | | ł |
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| b | | | | | I |
| | | ion's | | | 1 |
| | | | 16b | | 1 |
| | 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization baceme aware during the year of a significant diversion of the organization have members or stockholders? 6 5 Did the organization have members, stockholders? 6 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 9 Is there any officer, director, trustee, or key employee listed in Parl VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 9 Is three any officer, director, used by the organization or events withs form 990. 10 9 Is three any officer, director, used by the organization or events withs form 990. 10 9 Is the any officer, director, used by the organization is eventy the pr | | | | |
| | | | | | |
| 18 | | ction 501(c)(3)s only) | availab | le | |
| | | chedule O) | | | |
| 19 | | , | d finan | cial | |
| - | | | | | |
| 20 | | and records: | | | |
| | HEATHER ARNET - 412-434-4883 | | | | |
| | | PA 15210 | | | |
| | TAA MEDI DIVITAN DAAVE DUTAE, DATTE JIJ, ETTRODAMAN | | | | |

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| ΓHE | WOMEN | AND | GIRLS | FOUNDATION | ſ |
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SOUTHWEST PENNSYLVANIA

| Form 990 (2 | 2014) | OF | SOUTHWEST | PENNSYLV | ANIA | | 74-3 |
|-------------|----------------|-------|-------------------|----------------|----------------|---------|-------------|
| Part VII | Compensation | of C | officers, Directo | ors, Trustees, | Key Employees, | Highest | Compensated |
| | Employees, and | d Ind | dependent Con | tractors | | | |

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

OF

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 (Ď), (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) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|---------------------------------|------------------------|--------------------------------|------------------------|----------------|--------------|---------------------------------|--------|---------------------|----------------------------------|--|
| Name and Title | Average | (do | | Pos heck | | | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe d a d | rson | is bot | h an | compensation | compensation | amount of |
| | week | <u> </u> | | | recit |)///us | | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or c | stee | | | Isatec | | (W-2/1099-MISC) | (00-2/1099-10130) | organization |
| | organizations | truste | al trus | | yee | mper | | | | and related |
| | below | idual | In stitutional trustee | er | Key employee | Highest compensated employee | ler | | | organizations |
| | line) | Indiv | Instit | Officer | Keye | High empl | Former | | | |
| (1) CANDI CASTLEBERRY-SINGLETON | 1.00 | | | | | | | | | |
| BOARD CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (2) BERNADETTE SMITH | 1.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) MARGARET DIVIRGILIO | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (4) TANYA J. HAGEN, MD | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) DEBORAH L. ACKLIN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | Х | | | | 0. | 0. | 0. |
| (6) HEIDI BARTHOLOMEW | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) J. BRACKEN BURNS SR. | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) JOHN DENNY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) MUGE FINKEL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) JOYCE KOSSOL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) SUZAN LAMI | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) RONA NESBIT | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) PHYLLIS SILVERMAN | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) KIMBERLY L. SLATER-WOOD | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) SEN. MATT SMITH | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (16) SUSAN YOHE | 1.00 | 1 | | | | | | _ | _ | _ |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (17) HEATHER ARNET | 40.00 | | | | | | | | _ | _ |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 98,283. | 0. | 6 ,779. Form 990 (2014) |

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| | 990 (2014) OF SOUTHW | IEST PEL | NN: | SYI | JVA | NI | ΓA | | | 74-30 | 055 | 311 | Pa | ige 8 |
|----------------|--|---|--------------------------------|-----------------------|--|-----------------------|---------------------------------|------------|--|--|----------|---------------|--|--------------|
| Pa | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | vees | , and | l Hig | ghe | st C | compensated Employe | es (continued) | | | | |
| | (A) Name and title | (B) Average hours per week (list any | box offic | not c , unle | (C Posif heck n ss pers id a dir | tion nore son i | than o s botl | h an | (D) Reportable compensation from the | (E) Reportable compensatio from related organization | in I | am | (F) timate ount c other oensat | of |
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MIS | SC) | orga anc | om the anizati I relate nizatio | on ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total Total from continuation sheets to Part VI | | | | | | | | 98,283. | | 0. | | 5,7 | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization | | _ | - | | _ | | ► no re | 98,283. eceived more than \$100 |),000 of reportabl | 0. le | | 5,7 | 0 |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su | | | | | | | | | | | 3 | Yes | No X |
| 4 5 | For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a | 0,000? If "Yes, | " со | mple | ete S | che | edule | e J f | for such individual | - | | 4 | | X |
| <u> </u> | rendered to the organization? If "Yes," comp | plete Schedul | e J f | or si | uch p | bers | on . | | - | | | 5 | | Х |
| 1 1 | tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t | | | | | | | | | | pens | ation fi | rom | |
| | (A) Name and business | | | ONE | | | | | (B) Description of s | | С | (C omper | | ı |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir | | ot li | mite | d to t | thor | وم اند | ster | ahove) who received a | ore than | | | | |
| _ | \$100,000 of compensation from the organiz | e e | | | | (1103 (| | | | | | Form 9 | 990 (2 | 2014) |
| 43200 11-07 | 8 14 | | | | | | | | | | | | · | -7 |

THE WOMEN AND GIRLS FOUNDATION

09360723 138440 WGFOUND

Form 990 (2014)

THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

| Pa | rt VII | I Statement of Revenue | | | | | |
|--|----------|--|---------------------|-----------------------------|--|--|---|
| | | Check if Schedule O contains a response | e or note to any li | | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ifts, Grants ar Amounts | b c | Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | e f | Government grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f | 481,093. | • | | | |
| Non | - | Noncash contributions included in lines 1a-1f: \$ | | 481,093. | | | |
| 0.0 | | Total. Add lines 1a-1f | Business Code | | | | |
| Program Service Revenue | 2 a b | | | | | | |
| Senu | с | | | | | | |
| an eve | d | | | | | | |
| Ba | е | | | | | | |
| P, | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, inte other similar amounts) | rest, and | 320. | | | 320. |
| | 4 | Income from investment of tax-exempt bond | proceeds | | | | |
| | 5 | Royalties | ► | | | | |
| | 6 a | (i) Real | (ii) Personal | | | | |
| | b | Less: rental expenses | | | | | |
| | | Rental income or (loss) | | | | | |
| | | Net rental income or (loss) | | | | | |
| | | Gross amount from sales of (i) Securities | | | | | |
| | 7 4 | assets other than inventory | | | | | |
| | h | Less: cost or other basis | | | | | |
| | | and sales expenses | | | | | |
| | | Net gain or (loss) | | | | | |
| anu | | Gross income from fundraising events (not including \$ of | | | | | |
| Other Revenue | | contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| Ę | | | b | | | | |
| - | | Net income or (loss) from fundraising events | ▶ | | | | |
| | | Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | | • | o | | | | |
| | С | Net income or (loss) from gaming activities | <u></u> | | | | |
| | 10 a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b | Less: cost of goods sold | b | | | | |
| | с | Net income or (loss) from sales of inventory | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11 a | OTHER INCOME | 900099 | 1,194. | 1,194. | | |
| | b | | | | | | |
| | c | | | | | | |
| | | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | 1,194. | | | |
| | 12 | Total revenue. See instructions. | | 482,607. | 1,194. | 0. | 320. |
| 43200 11-07- | 9 | | | , | , | | Form 990 (2014) |

9

THE WOMEN AND GIRLS FOUNDATION

OF SOUTHWEST PENNSYLVANIA Form 990 (2014) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,617. 3,617. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 80,677. 18,639. 100,460. 1,144. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 100,858. 53,655. 33,831. 13,372. 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9,863. 6,744. 1,639. 1,480. Other employee benefits 9 10,193. 3,058. 15,689. 2,438. Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal 19,872. 19,872. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) 1,936. 1,575. 144. 217. Advertising and promotion 12 21,687. 14,163. 4,770. 2,754. Office expenses 13 13,165. 10,414. 1,775. 976. Information technology 14 Royalties 15 5,836. 5,447. 36,185. 24,902. 16 Occupancy 8,473. 6,408. 1,360. 705. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 559. 80. 479. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 2,139. 364. 1,680. 95. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) (..... 53,144. 53,012. 125. PROGRAM EXPENSES 7. а PUBLIC RELATIONS SUPPOR 13,000. 13,000. h GIRL GOV PROG & GRANT S 9,680. 9,680. С CATERING & POLICY BRIEF 4,585. 4,585. d 10,904. 7,322. 3,582. e All other expenses 425,816. 300,391. 78,378. 47,047. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

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Check here

Form **990** (2014)

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educational campaign and fundraising solicitation.

______ if following SOP 98-2 (ASC 958-720)

10

| Form 990 (2 | | |
|-------------|---------|-------|
| Part X | Balance | Sheet |

THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

| | | Check if Schedule O contains a response or note to any line in th | nis Part X | | | |
|-----------------------------|----------|---|------------|-------------------|----------|------------------------|
| | | | | (A) | | (B) |
| | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | 89,656. | 1 | 185,094. |
| | 2 | Savings and temporary cash investments | | 570. | 2 | 426. |
| | 3 | Pledges and grants receivable, net | | 328,201. | 3 | 183,459. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, dir | | | | |
| | _ | trustees, key employees, and highest compensated employees. | | | | |
| | | Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as | | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), ar | | | | |
| | | employers and sponsoring organizations of section 501(c)(9) volu | | | | |
| ţ | | employees' beneficiary organizations (see instr). Complete Part I | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ř | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 1,193. | 9 | 43,825. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 8,257. | | | |
| | b | Less: accumulated depreciation 10b | 3,057. | 5,200. | 10c | 5,200. |
| | 11 | Investments - publicly traded securities | | 52,714. | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 2,560. | 15 | 2,560. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 480,094. | 16 | 420,564. |
| | 17 | Accounts payable and accrued expenses | | 45,936. | 17 | 14,263. |
| | 18 | Grants payable | 76,700. | 18 | | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedu | le D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directo | | | | |
| iliti | | key employees, highest compensated employees, and disqualified | | | | |
| Liabilities | | Complete Part II of Schedule L | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related | | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete | | | | |
| | | Schedule D | | 122,636. | 25 | 14,263. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 122,030. | 26 | 14,203. |
| ~ | | Organizations that follow SFAS 117 (ASC 958), check here | | | | |
| ces | 07 | complete lines 27 through 29, and lines 33 and 34. | | 29,095. | 27 | 78,953. |
| alan | 27 28 | Unrestricted net assets | | 328,363. | 28 | 327,348. |
| I Ba | 20 29 | Temporarily restricted net assets | | 520,505. | 20 29 | 527,5400 |
| oun | 29 | Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check | | | 23 | |
| г | | and complete lines 30 through 34. | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| ťÅ | 32 | Retained earnings, endowment, accumulated income, or other fu | | | 32 | |
| Ne | 33 | Total net assets or fund balances | | 357,458. | 33 | 406,301. |
| | 34 | Total liabilities and net assets/fund balances | | 480,094. | 34 | 420,564. |
| | | | | | | Eorm 990 (2014) |

Form **990** (2014)

432011 11-07-14

| Form | THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA | 74-305 | 5311 | Pa | aa 12 |
|--|--|----------|------|----------|--------|
| | rt XI Reconciliation of Net Assets | , 1 000 | | 14 | ge 📭 |
| | 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 | | | 07. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 16. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 91. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 35 | 7,4 | 58. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | _ | 7,9 | 48. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| _ | column (B)) | 10 | 40 | 6,3 | 01. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | 2a | | v |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | v | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | х | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | <u> </u> | |
| ~ | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | 0 | | | X |
| h. | Act and OMB Circular A-133? | | 3a | | |
| D | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | 01 | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | (2014) |
| | | | Form | 990 | (2014) |
| | | | | | |
| | | | | | |
| | | | | | |

| SCHEDULE A (Form 900 or 900 EZ) Public Charity Status and Public Support | | | | | | OMB No. 1545-0047 | | | |
|---|---|-----------------------|---|-------------------------|-------------------------|-------------------|---------------|---------------------------------|--|
| (Form 990 or 990-EZ) | | | ization is a section 501 | | | | | 2014 | |
| | | | 17(a)(1) nonexempt cha | | | | | 2014 | |
| Department of the Treasury Internal Revenue Service | | ► A | Attach to Form 990 or F | orm 990- | EZ. | | | Open to Public | |
| ► Information about Schedule A (Form 990 or 990-EZ | | | | | ions is at _W | ww.irs.gov/fo | | Inspection | |
| Name of the organizati | | | GIRLS FOUNDA ENNSYLVANIA | TION | | | | identification number 4-3055311 | |
| Part I Reason | | | All organizations must co | molete th | is nart) Se | e instruction | | 4-3033311 | |
| The organization is not a | | | | | | | | | |
| | • | , | on of churches described | | , | I)(A)(i). | | | |
| | | , | Attach Schedule E.) | | | ·//·/· | | | |
| | | | anization described in se | ection 170 |)(b)(1)(A)(ii | ii). | | | |
| 4 A medical res | earch organiza | tion operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| city, and state | ə: | | | | | | | | |
| 5 🗌 An organizati | 5 Lenstrian 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). (Co | omplete Part II.) | | | | | | | |
| | | • | nental unit described in s | | | . , | | | |
| | | | ntial part of its support f | rom a gov | ernmental | unit or from t | he general | public described in | |
| | b)(1)(A)(vi). (Coi | | (1)(A)(ui) (Complete Ded | + 11 \ | | | | | |
| , | | | (1)(A)(vi). (Complete Part than 33 1/3% of its sup | | contributi | one member | thin fees a | nd gross receipts from | |
| | | | ct to certain exceptions, | • | | - | • | • | |
| | - | - | (less section 511 tax) fro | | | | | - | |
| | 5 09(a)(2). (Com | | 、 , , | | | | 0 | , | |
| 10 An organizati | on organized ar | nd operated exclusi | ively to test for public sa | fety. See | section 50 |)9(a)(4). | | | |
| 11 An organizati | on organized ar | nd operated exclusion | ively for the benefit of, to | perform | the functio | ons of, or to c | arry out the | purposes of one or | |
| | | | ed in section 509(a)(1) o | | | | | heck the box in | |
| | • | | f supporting organizatio | | - | | - | | |
| | | | upervised, or controlled | | | | | | |
| | - | | gularly appoint or elect a | a majority (| of the dire | ctors or truste | es of the s | upporting | |
| | | mplete Part IV, Se | l or controlled in connec | tion with it | s sunnorti | ed organizatio | n(s) by ha | vina | |
| | | | anization vested in the s | | | - | | - | |
| | | complete Part IV, | | | | | .9 | F - · · | |
| | | | g organization operated | in connec | tion with, a | and functiona | lly integrate | ed with, | |
| its supporte | ed organization | (s) (see instructions | s). You must complete F | Part IV, Se | ections A, | D, and E. | | | |
| d 🔄 Type III no | n-functionally | integrated. A supp | orting organization oper | ated in co | nnection v | vith its suppo | rted organi | zation(s) | |
| | | | ation generally must sat | | | | d an attenti | veness | |
| | | · | plete Part IV, Sections | | | | | | |
| | • | | written determination fro | | | a Type I, Type | II, Type III | | |
| | | | nally integrated supporti | | | | | | |
| g Provide the followi | | | | | | | | | |
| (i) Name of supp | <u> </u> | (ii) EIN | (iii) Type of organization | (iv) Is the o | | (v) Amount of | monetary | (vi) Amount of | |
| organization | I. | | (described on lines 1-9 above or IRC section | listed i governing d | | support | | other support (see | |
| | | | (see instructions)) | Yes | No | Instruct | ons) | Instructions) | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |
| LHA For Paperwork Re Form 990 or 990-EZ. | | οτιce, see the Instr | uctions for | | | Sched | iule A (Fori | m 990 or 990-EZ) 2014 | |

13

THE WOMEN AND GIRLS FOUNDATION Schedule A (Form 990 or 990 EZ) 2014 OF SOUTHWEST PENNSYLVANIA

74-3055311 Page 2

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

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

| Se | ction A. Public Support | | | | | | | |
|-------------|--|----------------------|-----------------------|------------------------|----------------------|----------------------------------|-----------------|--|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 408,746. | 534,703. | 534,172. | 879,408. | 481,093. | 2,838,122. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge \dots | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 408,746. | 534,703. | 534,172. | 879,408. | 481,093. | 2,838,122. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 2,838,122. | |
| Se | ction B. Total Support | | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | |
| 7 | Amounts from line 4 | 408,746. | 534,703. | 534,172. | 879,408. | 481,093. | 2,838,122. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | | | | | |
| | and income from similar sources \dots | 106. | 340. | 591. | 20. | 320. | 1,377. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | 1,194. | 1,194. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,840,693. | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | 2,320. | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | | |
| | organization, check this box and stop | here | | | | | <u></u> | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | | |
| | Public support percentage for 2014 (| | | | | 14 | 99.91 % | |
| | Public support percentage from 2013 | | | | | 15 | 99.95 % | |
| 16a | 33 1/3% support test - 2014. If the c | - | | | | | | |
| | stop here. The organization qualifies | | | | | | | |
| k | 33 1/3% support test - 2013. If the c | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17 a | 10% -facts-and-circumstances tes | t - 2014. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, | |
| | and if the organization meets the "fac | | | = | - | - | | |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | ▶∟ | |
| k | 10% -facts-and-circumstances tes | t - 2013. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 is [·] | 10% or | |
| | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | | | | | | | |
| | organization meets the "facts-and-cire | | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17t | | | | |
| | | | | | Scho | dule & (Form 990 | or 000_E7\ 2014 | |

Chequie A (Form 990 or 990-EZ) 2014

432022 09-17-14

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

(Complete only if you checked the box on line 9 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 | ction A. Public Support | | | | | | |
|-------|--|-------------------|--------------------|---------------------|----------|----------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | _ | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | 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 carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | - | | | • | | ganization, |
| | check this box and stop here | | <u></u> | | | | > |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2014 (| | | | | 15 | % |
| | Public support percentage from 2013 | | | | | 16 | % |
| | ction D. Computation of Investion | | | | | | |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2014. If the | - | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2013. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check tl | | | |
| 43202 | 23 09-17-14 | | | 15 | Sch | nedule A (Fori | m 990 or 990-EZ) 2014 |

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THE WOMEN AND GIRLS FOUNDATION Schedule A (Form 990 or 990-EZ) 2014 OF SOUTHWEST PENNSYLVANIA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

16

THE WOMEN AND GIRLS FOUNDATION Schedule A (Form 990 or 990-EZ) 2014 OF SOUTHWEST PENNSYLVANIA

74-3055311 Page 5

| Pa | 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) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 | | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | | | |
| 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 | | | |
| 6 00 | supported organizations played in this regard. | 3 | | |
| - | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): | | | |
| a | The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line</i> 3 <i>below</i> . | | , | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in <i>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? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| 43202 | 5 09-17-14 Schedule A (Form 9 | 30 or 99 | 0-EZ) | 2014 |
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THE WOMEN AND GIRLS FOUNDATION Schedule A (Form 990 or 990-EZ) 2014 OF SOUTHWEST PENNSYLVANIA

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

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

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|-----------|-----------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | |
| Sect | ion 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-functional | v-inteora | ited Type III supporting or | anization (see |

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

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

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THE WOMEN AND GIRLS FOUNDATION Schedule A (Form 990 or 990-F7) 2014 OF SOUTHWEST PENNSYLVANIA

| Sche Par | dule A (Form 990 or 990-EZ) 2014 OF SOUTHWEST | | | 4-3055311 Page 7 |
|---------------|---|--------------------------------|--------------------------------|----------------------------------|
| | | a(a)(3) Supporting Orga | inizations (continued) | 0 |
| - | on D - Distributions | | | Current Year |
| | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | _ | | |
| | Administrative expenses paid to accomplish exempt purpos | ses of supported organizations | 5 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| <u>5</u> 6 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 7 | Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsive | | |
| 0 | (provide details in Part VI). See instructions. | ine organization is responsive | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| | Line 8 amount divided by Line 9 amount | | | |
| 10 | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2014 | Distributable Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| а | | | | |
| b | | | | |
| с | | | | |
| d | | | | |
| е | From 2013 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2014 distributable amount | | | |
| i | Carryover from 2009 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2014 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| с | | | | |
| | | | | |
| d | Excess from 2013 | | | |

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

| THE | WOMEN | AND | GIRLS | FOUNDATION |
|-----|---------|-------|---------|------------|
| OF | SOUTHWE | EST I | PENNSYI | JVANIA |

| Schedule A | (Form 990 or 990-E Supplementa | Z) 2014 OF | SOUTHWEST | PENNSYLV | ANIA | 74-3055311 |
|-------------|-----------------------------------|-------------------|---------------------|---------------------|------|---|
| Part VI | | | | | | art II, line 17a or 17b; and Part III, line 1 |
| | Also complete this | s part for any ad | ditional informatio | n. (See instruction | s). | |
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| 2028 09-17- | 14 | | | | | Schedule A (Form 990 or 990-E |
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| | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2014

Employer identification number

74-3055311

| THI | E WOMEN | AND | GIRLS | FOUNDATION |
|-----|---------|-------|---------|------------|
| OF | SOUTHWE | EST I | PENNSYI | LVANIA |

| | OT- | μ |
|-----------------------|---------|-----|
| Organization type (ch | neck on | e): |

Name of the organization

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

Employer identification number

74-3055311

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
|-----------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | THE HEINZ ENDOWMENTS 625 LIBERTY AVE., 30TH FLOOR PITTSBURGH, PA 15222 | \$75,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | PNC FOUNDATION ONE PNC PLAZA, 249 FIFTH AVE. PITTSBURGH, PA 15222 | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | JEWISH HEALTHCARE FOUNDATION CENTRE CITY TOWER, 650 SMITHFIELD ST., SUITE 2400 PITTSBURGH, PA 15222 | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>No.</u> | Name, address, and ZIP + 4 THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222 | Total contributions \$ 50,000. | Type of contribution Person X Payroll |
| | THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 | 50.000 | Person X Payroll Noncash (Complete Part II for |
| 4 (a) | THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222 (b) | \$50,000. (c) | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 4 (a) No. | THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222 (b) Name, address, and ZIP + 4 FALK FOUNDATION 3315 GRANT BUILDING, 330 GRANT STREET | \$\$(c) Total contributions | Person X Payroll |
| (a) (a) | THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222 (b) Name, address, and ZIP + 4 FALK FOUNDATION 3315 GRANT BUILDING, 330 GRANT STREET PITTSBURGH, PA 15219 (b) | \$ 50,000. (c) Total contributions \$ 25,000. (c) Total contributions \$ 75,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) |

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

Employer identification number

74-3055311

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|-------------|--|---------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 | RICHIE BATTLE 613 PITCAIRN PLACE PITTSBURGH, PA 15232 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 8 | NANCY BERNSTEIN 1425 WIGHTMAN STREET PITTSBURGH, PA 15217 | \$ 10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 9 | UPMC FORBES TOWER, SUITE 8084 3600 FORBES AVE. PITTSBURGH, PA 15213 | \$ 25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 423452 11-0 | ⁵⁻¹⁴ 23 | | 990, 990-EZ, or 990-PF) (2014) |
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Name of organization

THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

Employer identification number

74-3055311

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2014) 423453 11-05-14 24 09360723 138440 WGFOUND 2014.04000 THE WOMEN AND GIRLS FOUNDAT WGFOUND1

Page 3

| | THWEST PENNSYLVANIA | | 74-3055311 |
|--------------------------|--|--|---|
| Part III | completing Part III, enter the total of exclusively religiou | is, charitable, etc., contributions of \$1,000 o | d in section 501(c)(7), (8), or (10) that total more than \$1,00 wing line entry. For organizations or less for the year. (Enter this info. once.) \$ |
| a) No. | Use duplicate copies of Part III if addition | al space is needed. | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| - | | (e) Transfer of git | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| - | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | |
| - | | (e) Transfer of git | ft |
| _ | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| - | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of git | ft |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| - | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, a | (e) Transfer of git | ft Relationship of transferor to transferee |
| | | | |
| - | | | |

| SCHEDULE C | C Political Campaign and Lobbying Activities | | | | | |
|--|--|---|---------------------------|---|----------------------------------|--|
| (Form 990 or 990-EZ) | For Org | 7 [| 2014 | | | |
| - | Complete | 90-EZ. | | | | |
| Department of the Treasury Internal Revenue Service | Information a | bout Schedule C (Form 990 or 990 | -EZ) and its instructions | is at www.irs.gov/form99 | 0. | Open to Public Inspection |
| If the organization answ | vered "Yes," to | Form 990, Part IV, line 3, or Fo | orm 990-EZ, Part V, li | ne 46 (Political Campai | gn Activiti | es), then |
| | | plete Parts I-A and B. Do not co | - | | | |
| | | 01(c)(3)) organizations: Complete | e Parts I-A and C below | w. Do not complete Part | I-B. | |
| Section 527 organiza | - | • | | | | |
| | | Form 990, Part IV, line 4, or Fo | | | | |
| | | have filed Form 5768 (election u have NOT filed Form 5768 (elect | | | | |
| | | Form 990, Part IV, line 5 (Prox | | | | |
| Tax) (see separate instr | | | . , , (| | | , |
| Section 501(c)(4), (5) | , or (6) organizat | tions: Complete Part III. | | | | |
| Name of organization | | EN AND GIRLS FOU | | E | | entification number |
| | | HWEST PENNSYLVAN | | A artic a contian EQ | | -3055311 |
| Part I-A Comple | ete if the org | anization is exempt und | der section 501(c) | or is a section 52 | / organi | zation. |
| Drovido o doporintir | n of the organiz | ation's direct and indirect politic | al aamaaiga aativitiaa | in Dott IV | | |
| | • | ation's direct and indirect polition | | | ► \$ | |
| | | | | | · | |
| | | | | | · | |
| Part I-B Comple | ete if the org | anization is exempt und | der section 501(c) | (3). | | |
| | | incurred by the organization une | | | ►\$ | |
| | | incurred by organization manag | | | ▶\$ | |
| | | n 4955 tax, did it file Form 4720 | | | | Yes No |
| | | | | | L | Yes No |
| b If "Yes," describe in Part I-C Comple | ete if the ord | anization is exempt und | der section 501(c) | . except section 5 | 01(c)(3). | |
| - | | by the filing organization for se | | | ► \$ | |
| | | ization's funds contributed to of | | | + | |
| exempt function ac | | | - | • | ►\$ | |
| - | - | . Add lines 1 and 2. Enter here a | | | | |
| | | | | | ▶\$ | |
| | | | | - 1947 1 | L | Yes No |
| | | nployer identification number (E tion listed, enter the amount pai | | | | |
| | | omptly and directly delivered to | | | | |
| | | additional space is needed, prov | | | 5 | 5 |
| (a) Name | | (b) Address | (c) EIN | (d) Amount paid fro filing organization's funds. If none, enter | s contri -0 pro deli po | Amount of political butions received and omptly and directly vered to a separate litical organization. f none, enter -0 |
| | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014

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| THE | WOMEN | AND | GIRLS | FOUNDATION |
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| $\cap \mathbf{F}$ | COLLEMAN | ז ידיסי | JENNQVI | ΙΛΑΝΤΑ |

| Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the org | | | | | | lection under |
|--|----------------------------|---------------|---|-------------------------|---|---------------------------------------|
| section 501(h)). | | | | | | |
| A Check ► if the filing organiza | tion belong: | s to an affil | liated group (and list in | Part IV each affiliated | group member's nam | e, address, EIN, |
| expenses, and shar | | , . | • • | | | |
| B Check 🕨 🛄 if the filing organiza | tion checke | d box A ar | nd "limited control" pro | visions apply. | | |
| | ts on Lobby ditures" me | | nditures ints paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | uence publi | c opinion (| grass roots lobbying) | | 10,396. | |
| b Total lobbying expenditures to influ | uence a legi | slative boo | dy (direct lobbying) | | 11,550. | |
| c Total lobbying expenditures (add li | ines 1a and | 1b) | | | 21,946. | |
| d Other exempt purpose expenditure | | | | | 411,818. | |
| e Total exempt purpose expenditure | s (add lines | 1c and 1d | I) | | 433,764. | |
| f Lobbying nontaxable amount. Ente | er the amou | nt from the | e following table in bot | h columns. | 86,753. | |
| If the amount on line 1e, column (a) o | or (b) is: | The lob | bying nontaxable amo | ount is: | | |
| Not over \$500,000 | | 20% of | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 0 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | |
| Over \$17,000,000 | | \$1,000,0 | 000. | | | |
| | | | | | 01 (00 | |
| g Grassroots nontaxable amount (en | | , | | | 21,688. | |
| h Subtract line 1g from line 1a. If zer | , | | | | 0. | |
| i Subtract line 1f from line 1c. If zero | | | | | 0. | |
| j If there is an amount other than ze | | | | | Г | |
| reporting section 4911 tax for this | | | | | L | Yes No |
| (Some organizations the | hat made a | section 5 | eraging Period Under 01(h) election do not ate instructions for lir | have to complete all | of the five columns b | elow. |
| | Lobby | ing Exper | nditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 20 | 011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount | 111 | ,812. | 128,037. | 143,460. | 86,753. | 470,062. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | 705,093. |
| c Total lobbying expenditures | 27 | ,149. | 40,202. | 57,572. | 21,946. | 146,869. |
| d Grassroots nontaxable amount | 27 | ,953. | 32,009. | 35,865. | 21,688. | 117,515. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 176,273. |
| f Grassroots lobbying expenditures | 12 | ,984. | 38,659. | 18,932. | 10,396. | 80,971. |

Schedule C (Form 990 or 990-EZ) 2014

432042 10-21-14

THE WOMEN AND GIRLS FOUNDATION

74-3055311 Page 3 Schedule C (Form 990 or 990 EZ) 2014 OF SOUTHWEST PENNSYLVANIA Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (k | (b) | |
|--------|---|----------------|---------------|--------------|----------|--|
| of the | e lobbying activity. | Yes | No | Amo | ount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| | Publications, or published or broadcast statements? | | | | | |
| | Grants to other organizations for lobbying purposes? | | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| | Other activities? | | | | | |
| j | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | on 501(c) | (5), or se | ction | | |
| | | | | Yes | No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | "No," OF | R (b) Par | t III-A, lir | 1e 3, is | |
| | answered "Yes." | | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | cal | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | 2a | | | |
| b | Carryover from last year | | 2b | | | |
| с | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | | |
| | expenditure next year? | | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | | | | |
| Par | t IV Supplemental Information | | | | | |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II | -A, lines 1 a | and 2 (see | | |
| instru | ctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | |

432043 10-21-14

| SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service | Complete if the or Part IV, line 6, 7, 8, 9, 10 | al Financial Stat ganization answered "Yes" 0, 11a, 11b, 11c, 11d, 11e, 1 • Attach to Form 990. | to Form 990, 1f, 12a, or 12b. | OMB No. 1545-0047 2014 Open to Public Inspection |
|--|--|--|--|--|
| Name of the organizat | | | s is at www.irs.gov/ | Employer identification num |
| Name of the organization | OF SOUTHWEST PENNS | | | 74-3055311 |
| Part I Organiz | ations Maintaining Donor Advis | | nilar Funds or A | |
| | on answered "Yes" to Form 990, Part IV, lin | | | |
| 0.9424.10 | | (a) Donor advised fu | Inds | (b) Funds and other accounts |
| 1 Total number at e | nd of year | | | . , |
| | of contributions to (during year) | | | |
| | | | | |
| | of grants from (during year) | | | |
| | at end of year | | | ! - |
| - | on inform all donors and donor advisors in | ÷ | | |
| 6 Did the organization for charitable purp | on's property, subject to the organization's on inform all grantees, donors, and donor poses and not for the benefit of the donor vate benefit? | advisors in writing that grant or donor advisor, or for any c | funds can be used other purpose confe | only rring |
| | vation Easements. Complete if the o | | | |
| | servation easements held by the organiza | - | , | |
| | n of land for public use (e.g., recreation or | · · · · · · · · · · · · · · · · · · · | ation of a historically | y important land area |
| | of natural habitat | | ation of a certified h | , i |
| | n of open space | | | |
| | through 2d if the organization held a qua | lified conservation contributio | on in the form of a c | onservation easement on the las |
| day of the tax yea | | | | onservation easement on the las |
| day of the tax yea | u. | | | Held at the End of the Tax |
| a Total number of c | onservation easements | | | 2a |
| | | | | 2a 2b |
| | tricted by conservation easements | | | 20 2c |
| | rvation easements on a certified historic st | | | 20 |
| | rvation easements included in (c) acquired | | | |
| | nal Register | | | 2d |
| | rvation easements modified, transferred, r | eleased, extinguished, or terr | ninated by the orgai | nization during the tax |
| year ► | <u> </u> | | | |
| | where property subject to conservation e | | | |
| | ation have a written policy regarding the po | | | Yes |
| | forcement of the conservation easements | | | |
| | er hours devoted to monitoring, inspecting | | | |
| 7 Amount of expense | ses incurred in monitoring, inspecting, and | l enforcing conservation ease | ements during the ye | ear 🕨 \$ |
| 8 Does each conser | rvation easement reported on line 2(d) abo | ove satisfy the requirements of | of section 170(h)(4)(l | B)(i) |
| and section 170(h | ı)(4)(B)(ii)? | | | Yes |
| | be how the organization reports conserva | | | |
| include, if applical | ble, the text of the footnote to the organiz | ation's financial statements th | nat describes the or | ganization's accounting for |
| conservation ease | ements. | | | |
| Part III Organiz | ations Maintaining Collections of | of Art, Historical Treas | sures, or Other | Similar Assets. |
| Complete i | f the organization answered "Yes" to Form | n 990, Part IV, line 8. | | |
| 1a If the organization | elected, as permitted under SFAS 116 (A | SC 958), not to report in its r | evenue statement a | nd balance sheet works of art, |
| historical treasure | s, or other similar assets held for public ex | khibition, education, or resear | rch in furtherance of | f public service, provide, in Part 2 |
| | tnote to its financial statements that desc | | | |
| | elected, as permitted under SFAS 116 (A | | nue statement and b | palance sheet works of art, histo |
| | r similar assets held for public exhibition, | | | |
| relating to these it | | | | si vice, provide the following arrest |
| - | | | | ▶ \$ |
| | uded in Form 990, Part VIII, line 1 | | | |
| | ed in Form 990, Part X | | | |
| | received or held works of art, historical tr | | | provide |
| - | unts required to be reported under SFAS | | | |
| | I in Form 990, Part VIII, line 1 | | | |
| b Assets included in | n Form 990, Part X | | | 🕨 \$ |
| HA For Paperwork R | eduction Act Notice, see the Instruction | ns for Form 990. | | Schedule D (Form 990) 2 |
| u-u I- 14 | | 29 | | |
| 60723 13844 | 0 WGFOUND 2014. | | N AND GTRL | S FOUNDAT WGFOUN |
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| | | N AND GIRL | | ION | | 74 2 | 055211 0 |
|----------|---|-----------------------|----------------------|------------------|--------------|------------------|-----------------------|
| | | WEST PENNS | | | 0.1 | | 055311 Page 2 |
| | rt III Organizations Maintaining Co | | | | | | , , |
| 3 | Using the organization's acquisition, accessio | n, and other records | , check any of the | following that | are a signi | ficant use of it | ts collection items |
| | (check all that apply): | | ┌┐. | | | | |
| a | Public exhibition | d | | change program | | | |
| b | Scholarly research | е | U Other | | | | |
| c | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's col | | | | | | art XIII. |
| 5 | During the year, did the organization solicit or | | | | | | |
| Par | to be sold to raise funds rather than to be main tIV Escrow and Custodial Arrang | | | | | | Yes No |
| I UI | reported an amount on Form 990, Part | | e ii the organizatio | n answered i | res lo For | 111 990, Fart N | 7, III e 9, 01 |
| | Is the organization an agent, trustee, custodia | | ary for contribution | ns or other ass | ets not inc | luded | |
| | on Form 990, Part X? | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | |
| - | | | Junig Labior | | | | Amount |
| с | Beginning balance | | | | | 1c | , |
| | Additions during the year | | | | | 1d | |
| | Distributions during the year | | | | | 1e | |
| f | Ending balance | | | | | 1f | |
| 2a | Did the organization include an amount on Fo | | | | | , [| Yes No |
| | If "Yes," explain the arrangement in Part XIII. | | | | - | | |
| Par | t V Endowment Funds. Complete if | the organization ans | wered "Yes" to Fo | orm 990, Part IV | V, line 10. | | |
| | | (a) Current year | (b) Prior year | (c) Two years | back (d) | Three years bac | k (e) Four years back |
| | Beginning of year balance | | | | | | |
| b | Contributions | | | | | | |
| с | Net investment earnings, gains, and losses | _ | | | | | |
| d | Grants or scholarships | | | | | | |
| е | Other expenditures for facilities | | | | | | |
| | and programs | | | > | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | (line 1g, column (| a)) held as: | | | |
| а | Board designated or quasi-endowment | | % | | | | |
| b | Permanent endowment | % | | | | | |
| С | Temporarily restricted endowment | % | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | | | | | | |
| 3a | Are there endowment funds not in the posses | sion of the organizat | ion that are held a | and administer | ed for the o | organization | · · · · · |
| | by: | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | |
| | (ii) related organizations | | | | | | 3a(ii) |
| | If "Yes" to 3a(ii), are the related organizations | | | | | | 3b |
| 4 Par | t VI Land, Buildings, and Equipme | | ment tunas. | | | | |
| i ui | Complete if the organization answered | | Part IV line 11a S | See Form 990 | Part X line | 10 | |
| | Description of property | (a) Cost or oth | | t or other | (c) Accu | | (d) Book value |
| | | basis (investme | | (other) | depred | | |
| 1a | Land | | | | | | |
| | Buildings | | | | | | |
| | Leasehold improvements | | | | | | |
| | Equipment | | | 1,253. | | 1,253. | 0. |
| | Other | | | 7,004. | | 1,804. | 5,200. |
| Tota | I. Add lines 1a through 1e. (Column (d) must eq | ual Form 990, Part X | , column (B), line | 10c.) | | ► | 5,200. |
| | | | | | | 0 - 1 1 | In D (Earm 000) 2014 |

Schedule D (Form 990) 2014

432052 10-01-14

THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

Schedule D (Form 990) 2014 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests Other (3) (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5) (6) (7)

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

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

Schedule D (Form 990) 2014

432053 10-01-14

(8)

| | THE WOMEN AND GIRLS FOUNDA | TION | | | |
|------|--|-----------------------|---------|-------------|---|
| Sche | dule D (Form 990) 2014 OF SOUTHWEST PENNSYLVANIA | | 74-3 | 055311 Page | 4 |
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue per | Return. | | _ |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 482,607 | • |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | 2e | - | • |
| 3 | Subtract line 2e from line 1 | | 3 | 482,607 | • |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | 4c | 0 | - |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 482,607 | • |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | ents With Expenses pe | r Retur | n. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 433,764 | • |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | | • | | |
| е | Add lines 2a through 2d | | 2e | 7,948 | |
| 3 | Subtract line 2e from line 1 | | 3 | 425,816 | • |
| 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.) | 4b | | | |
| с | Add lines 4a and 4b | | 4c | 0 | - |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 425,816 | • |
| Pa | t XIII Supplemental Information. | | | | |

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

PART X, LINE 2:

| THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN YEARS. |
|--|
| CURRENTLY, 2012, 2013, AND 2014 TAX YEARS ARE OPEN AND SUBJECT TO |
| EXAMINATION BY THE INTERNAL REVENUE SERVICE AND PENNSYLVANIA BUREAU OF |
| CHARITABLE ORGANIZATIONS. HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER |
| AUDIT NOR HAS THE FOUNDATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. |
| |
| BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT |
| BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION. THEREFORE, |
| NO ASSET OR LIABILITY FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN |
| RECORDED IN THE FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2014 |
| AND 2013. |
| 432054 10-01-14 Schedule D (Form 990) 2014 32 |

| Schedule D (Form 990) 2014 Part XIII Supplemental Infor | THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA | 74-3055311 Page 5 |
|--|---|----------------------------|
| Supplemental info | | |
| PART XII, LINE 2D - | OTHER ADJUSTMENTS: | |
| WRITE-OFF OF UNCOLL | ETABLE PLEDGES | 7,948. |
| | | |
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| 432055 10-01-14 | | Schedule D (Form 990) 2014 |
| 10-01-14 | 33 | |

09360723 138440 WGFOUND 2014.04000 THE WOMEN AND GIRLS FOUNDAT WGFOUND1

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number

74-3055311

OMB No 1545-0047

THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

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

FOUNDATION SERVING SOUTHWEST PENNSYLVANIA. THE ORGANIZATION'S ACTIVE

MISSION IS TO ACHIEVE GENDER EQUITY BY INVESTING IN PUBLIC POLICY

INITIATIVES THAT WILL RESULT IN LONG-TERM SYSTEMIC CHANGE IMPACTING

WOMEN'S AND GIRLS' LIVES FOR GENERATIONS TO COME.

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

LONG-TERM SYSTEMIC CHANGE IMPACTING WOMEN'S AND GIRLS' LIVES FOR

GENERATIONS TO COME.

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

10,500 WERE REACHED THROUGH COMMUNICATION AND OUTREACH EFFORTS.

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

ADVOCATING FOR FAIR PAY, PAID SICK LEAVE, ACCESS TO COMPREHENSIVE

REPRODUCTIVE HEALTHCARE AND CHOICES, AND MATERNITY LEAVE FOR WORKERS IN

PA.

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

FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE AND REVIEWED WITH THE

AUDITORS, AT WHICH TIME ANY REVISIONS ARE MADE. A FINAL DRAFT IS THEN

PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FINAL SUBMISSION OF THE TAX RETURN.

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

EACH COVERED PERSON SHALL ANNUALLY COMPLETE AND SUBMIT AN ANNUAL

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)

 432211
 08-27-14
 34

| Schedule O (Form 990 or 990-EZ) (2014) | Page 2 |
|---|--------------------------------|
| Name of the organization THE WOMEN AND GIRLS FOUNDATION | Employer identification number |
| OF SOUTHWEST PENNSYLVANIA | 74-3055311 |
| ACKNOWLEDGEMENT FORM TO THE BOARD CHAIR, WHO SHARES THE I | NFORMATION WITH |
| THE CEO. WHEN A CONFLICT IS IDENTIFIED, A MAJORITY OF THE | DISINTERESTED |
| MEMBERS OF THE BOARD OR COMMITTEE CONSIDERING THE PROJECT | SHALL DETERMINE |
| WHETHER A CONFLICT OF INTEREST EXISTS. | |
| | |

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

A MARKET COMPARISON WAS COMPLETED IN 2007, WHICH COMPARED THE SALARY OF THE CEO TO SALARIES OF OTHER CEO'S IN SIMILAR SIZE AND TYPE ORGANIZATIONS. THE STUDY WAS PROVIDED TO AND REVIEWED BY THE BOARD.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST BY CONTACTING THE

FOUNDATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF UNCOLLECTABLE PLEDGES

-7,948.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

09360723 138440 WGFOUND

35

| Form 8868 | B |
|-----------|---|
|-----------|---|

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

| to the income tax returns. | | Enter filer's identifying number |
|---|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. THE WOMEN AND GIRLS FOUNDATION | Employer identification number (EIN) or |
| File by the due date for filing your return. See | OF SOUTHWEST PENNSYLVANIA | 74-3055311 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 100 WEST STATION SQUARE DRIVE, NO. 315 | Social security number (SSN) |
| instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15219 | |

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

| Application | Return | Application | | | Return |
|--|---------------|---|--------------------|----------------------|------------|
| Is For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| • The books are in the care of - PITTSBURGH, | | | DR | IVE, SUITE | 315 |
| Telephone No. ► 412-434-4883 | | Fax No. 🕨 | | | |
| • If the organization does not have an office or place of busine | | | | | |
| • If this is for a Group Return, enter the organization's four digit | | | | | |
| box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright | and atta | ach a list with the names and EINs of all | memb | ers the extension is | for. |
| is for the organization's return for: ★ | , ar | son: Initial return Fina | above. al retur | _ · | |
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 472 | 0, or 6069, | enter the tentative tax, less any | | | 0 |
| nonrefundable credits. See instructions. | | | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 606 | | • | | | 0 |
| estimated tax payments made. Include any prior year ove | | | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your p | • | · · · | | | 0 |
| by using EFTPS (Electronic Federal Tax Payment System) | | | 3c | \$ | 0. |
| Caution. If you are going to make an electronic funds withdraw instructions. | al (direct de | bit) with this Form 8868, see Form 8453 | }-EO ar | nd Form 8879-EO fo | r payment |
| LHA For Privacy Act and Paperwork Reduction Act Notice | e, see instr | uctions. | | Form 8868 (Re | w. 1-2014) |

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36

Telephone: (717) 783-1720 AF: (800) 732-0999 (within PA only) Fax: (717) 783-6014 LF: Commonwealth of Fee Received: Website: www.dos.state.pa.us/charities Pennsylvania **Department of State Charitable Organization Registration Statement - Form BCO-10** Certificate Number: 29794 Check if registering voluntarily (See note under "important information") (Renewals Only) Fiscal Year Ended: 12/31/2014 Employer Identification Number (EIN): 74-3055311 THE WOMEN AND GIRLS FOUNDATION 1. Legal name of organization: OF SOUTHWEST PENNSYLVANIA Check if name change Previous name: 2. All other names used to solicit contributions: 3. Contact person: HEATHER ARNET Contact's E-mail: HEATHER@WGFPA.ORG Physical address of organization: (Required) Mailing address: (If different than physical) 100 WEST STATION SQUARE DRIVE, NO. 315 **City: PITTSBURGH** City: _____ State: PA ZIP code: 15219 State: ____ ZIP code: _____ **County:** ALLEGHENY 800 number: Phone number: 412-434-4883 Fax number: E-mail (If different than Contact's E-mail): Website: WWW.WGFPA.ORG

Bureau of Charitable Organizations 207 North Office Building

Harrisburg, Pennsylvania 17120

 Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

<u>N/A</u>

For Official Use Only

RF:

Approved:

| 5. | THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA For Organizations described in Section 162.7(a) of the (See footnote #2 of instructions. Volunteer registrants do not res 162.7(a)(1) 162.7(a)(2) 1 162.7(a)(3) 162.7(a)(4) Not Applicab | pond.) |
|---|--|---|
| 6. | List type of organization (e.g. corporation, association, etc.) Where established: | Date established:** 07/10/2002 |
| | **(Initial registrants must submit copies of organizational docume constitution, or other organizational instrument, and by-laws.) | nts such as charter, articles of incorporation, |
| 7. | Is any person compensated, or do you intend to comp Pennsylvania, including employees of the organization (Do not check "Yes" if you only use or intend to only use a profes | and professional solicitors? Yes No X |
| | If "Yes", give date person or entity started or will residents. | start soliciting contributions from Pennsylvania |
| | Items 8 and 9 are required to be cor | npleted by initial registrants only |
| 8. | Date organization first solicited contributions from Pe | nnsylvania residents: |
| 9. | If organization solicited Pennsylvania residents and re \$25,000 during the fiscal year covered by this registrat date contributions first totaled more than \$25,000. *Includes contributions received both within and outside Pennsy | ion statement, <u>or</u> during its current fiscal year, give |
| 10. | Has organization been granted IRS tax-exempt status (If "Yes", please submit copy of IRS exemption letter if not previo | |
| | A. If "Yes", under which IRS code section: 501 | (C)(3) |
| | | |
| | B. Has organization's tax-exempt status ever be (If "Yes", attach copy of denial, revocation, or modific | een denied, revoked, or modified? Yes No X ation.) |
| 11. | | ation.) |
| 11. | (If "Yes", attach copy of denial, revocation, or modific Was the organization required to file an IRS 990 return | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not |
| | (If "Yes", attach copy of denial, revocation, or modific Was the organization required to file an IRS 990 return completed fiscal year? Yes X No () (If "No", attach explanation of why organization is exempt from fi required to file an IRS 990 return must file a Pennsylvania public | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not disclosure form BCO-23. This includes an |
| 12. | (If "Yes", attach copy of denial, revocation, or modification Was the organization required to file an IRS 990 return completed fiscal year? Yes X No () (If "No", attach explanation of why organization is exempt from file required to file an IRS 990 return must file a Pennsylvania public organization that files a 990N, 990EZ, or 990PF.) A clear description of the specific programs for which such programs are planned or in existence: | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not disclosure form BCO-23. This includes an contributions will be used, and a statement whether |
| 12. THE | (If "Yes", attach copy of denial, revocation, or modification Was the organization required to file an IRS 990 return completed fiscal year? Yes X No () (If "No", attach explanation of why organization is exempt from file required to file an IRS 990 return must file a Pennsylvania public organization that files a 990N, 990EZ, or 990PF.) A clear description of the specific programs for which such programs are planned or in existence: E WOMEN AND GIRLS FOUNDATION OF SOUTH | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not disclosure form BCO-23. This includes an contributions will be used, and a statement whether WEST PENNSYLVANIA IS AN INDEPENDENT, |
| 12. <u>ТНЕ</u> СОМ | (If "Yes", attach copy of denial, revocation, or modification required to file an IRS 990 return completed fiscal year? Yes X No () (If "No", attach explanation of why organization is exempt from firequired to file an IRS 990 return must file a Pennsylvania public organization that files a 990N, 990EZ, or 990PF.) A clear description of the specific programs for which such programs are planned or in existence: E WOMEN AND GIRLS FOUNDATION OF SOUTH MMUNITY-BASED FOUNDATION SERVING SOUTH | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not disclosure form BCO-23. This includes an contributions will be used, and a statement whether WEST PENNSYLVANIA IS AN INDEPENDENT, HWEST PENNSYLVANIA. OUR VISION IS TO |
| 12. <u>THE</u> <u>COM</u> <u>CRE</u> | (If "Yes", attach copy of denial, revocation, or modification required to file an IRS 990 return completed fiscal year? Yes X No (If "No", attach explanation of why organization is exempt from firequired to file an IRS 990 return must file a Pennsylvania public organization that files a 990N, 990EZ, or 990PF.) A clear description of the specific programs for which such programs are planned or in existence: E WOMEN AND GIRLS FOUNDATION OF SOUTH MUNITY-BASED FOUNDATION SERVING SOUTHEATE A REGION WHERE WOMEN AND GIRLS FOUNDATION FOR SOUTHEATE A REGION WHERE WOMEN AND GIRLS FOUNDATION FOR SOUTHEATE A REGION WHERE WOMEN AND GIRLS FOUNDATION FOR SOUTHEATE A REGION WHERE WOMEN AND GIRLS FOUNDATION FOR SERVING SERVING FOUNDATION FOR SERVING FOUNDATION FOUNDAT | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not disclosure form BCO-23. This includes an contributions will be used, and a statement whether WEST PENNSYLVANIA IS AN INDEPENDENT, HWEST PENNSYLVANIA IS AN INDEPENDENT, HWEST PENNSYLVANIA. OUR VISION IS TO AVE EQUAL ACCESS, OPPORTUNITY, AND |
| 12. THE CON CRE INE | (If "Yes", attach copy of denial, revocation, or modification required to file an IRS 990 return completed fiscal year? Yes X No () (If "No", attach explanation of why organization is exempt from firequired to file an IRS 990 return must file a Pennsylvania public organization that files a 990N, 990EZ, or 990PF.) A clear description of the specific programs for which such programs are planned or in existence: E WOMEN AND GIRLS FOUNDATION OF SOUTH MMUNITY-BASED FOUNDATION SERVING SOUTH | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not disclosure form BCO-23. This includes an contributions will be used, and a statement whether WEST PENNSYLVANIA IS AN INDEPENDENT, HWEST PENNSYLVANIA IS AN INDEPENDENT, HWEST PENNSYLVANIA. OUR VISION IS TO AVE EQUAL ACCESS, OPPORTUNITY, AND C AND PRIVATE LIVES. TO REALIZE THIS |
| 12. THE COM CRE INE VIS INV | (If "Yes", attach copy of denial, revocation, or modification required to file an IRS 990 return completed fiscal year? Yes X No (If "No", attach explanation of why organization is exempt from firequired to file an IRS 990 return must file a Pennsylvania public organization that files a 990N, 990EZ, or 990PF.) A clear description of the specific programs for which such programs are planned or in existence: E WOMEN AND GIRLS FOUNDATION OF SOUTE MUNITY-BASED FOUNDATION SERVING SOUTE EATE A REGION WHERE WOMEN AND GIRLS FILUENCE IN ALL ASPECTS OF THEIR PUBLIC | ation.) and applicable schedules for its most recently ling an IRS 990 return. An organization that is not disclosure form BCO-23. This includes an contributions will be used, and a statement whether WEST PENNSYLVANIA IS AN INDEPENDENT, HWEST PENNSYLVANIA. OUR VISION IS TO AVE EQUAL ACCESS, OPPORTUNITY, AND C AND PRIVATE LIVES. TO REALIZE THIS ON IS TO ACHIEVE GENDER EQUITY BY THAT WILL RESULT IN LONG-TERM |

| THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA 74-3055311 13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) : |
|--|
| DONATIONS ARE SOLICITED THROUGH DIRECT MAIL, TELEPHONE, EVENT INVITATIONS GRANT PROPOSALS, AND IN PERSON THROUGH MEETINGS WITH STAFF AND BOARD MEMBERS AND MEMBERS OF THE COMMUNITY. |
| 14. Is organization registered to solicit contributions in any other state or municipality? Yes No X (If "Yes", list all states and municipalities. Attach separate sheet if necessary.) |
| |
| 15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary) SEE STATEMENT 1 |
| |
| 16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to us to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary) SEE STATEMENT 2 |
| |
| 17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization: NONE |
| |

| THE | WOMEN | AND | GIRLS | FOUNDATION |
|-----|---------|-------|---------|------------|
| OF | SOUTHWE | EST I | PENNSYI | LVANIA |

74-3055311

| 18. | If you are a parent organization locat | ed in Pennsylvania, | , do you elect to | o file a combined | d registration | covering |
|-----|--|---------------------|-------------------|-------------------|----------------|----------|
| | all of your Pennsylvania affiliates? | | | | | |

| Yes | No | Not Applicable | | See note under "important information' |
|-----|----|----------------|--|--|
|-----|----|----------------|--|--|

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No X (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

- 20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No X (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
- 21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No X (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
- 22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
- 23. Does your organization own a 10% or greater interest in any other domestic or foreign organization ? Yes No X (*If "Yes"*, attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
- 24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 3

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Page 4 of 6 4 2014.04000 THE WOMEN AND GIRLS FOUNDAT WGFOUND1

- 25. Names and addresses for: (Attach separate sheet if necessary)
 - A. Individual(s) in charge of solicitation activities:

HEATHER ARNET

100 WEST STATION SQUARE DRIVE, SUITE 315 PITTSBURGH, PA 15219

B. Individual(s) with final responsibility for the custody of contributions:

HEATHER ARNET

100 WEST STATION SQUARE DRIVE, SUITE 315 PITTSBURGH, PA 15219

C. Individual(s) with final responsibility for final distribution of contributions:

HEATHER ARNET

100 WEST STATION SQUARE DRIVE, SUITE 315 PITTSBURGH, PA 15219

D. Individual(s) responsible for custody of financial records:

HEATHER ARNET

100 WEST STATION SQUARE DRIVE, SUITE 315 PITTSBURGH, PA 15219

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No X

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No X

C. Any supplier or vendor providing goods or services? Yes \square No \square

- 27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No X
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No X
 - C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No X

THE WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA

74-3055311

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

| | Date |
|--|---|
| Signature of Chief Fiscal Officer | |
| HEATHER ARNET, CHIEF EXECUTIVE OFFICER | |
| Type or Print Name and Title of Chief Fiscal Officer | |
| | Date |
| Signature of Another Authorized Officer | |
| CANDI CASTLEBERRY-SINGLETON, BOARD CHAIR | |
| Type or Print Name and Title of Another Authorized Officer | |
| | Checklist |
| | Original Registration Statement Properly Signed and Dated A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer Form BCO-23, if Required Applicable Financial Statements Registration Fee and any Late Filing Fees Additional Filings, if an Initial Registrant |

ALL PROFESSIONAL SOLICITORS FORM BCO-10 STATEMENT

NAME AND ADDRESS

NONE

CONTRACT BEGIN DATE CONTRACT END DATE SOLICIT DATE

PHONE NUMBER

1

74-3055311

74-3055311

| FORM BCO-10 | PROF | ESSIONAL F | UNDRAISIN | G COUNSELS | STATEMENT | 2 |
|---|-------------|-------------|-----------|-----------------|-------------|----|
| NAME AND ADDRESS | | | | | PHONE NUMBE | ER |
| NONE | | | | | | |
| CONTRACT BEGIN DA | ATE CONTR | ACT END DA | .TE SER' | /ICE DATE | | |
| FORM BCO-10 | OFFICERS, | DIRECTORS, | TRUSTEES | AND EXECUTIVES | STATEMENT | 3 |
| NAME AND ADDRESS | | | | TITLE | | |
| HEATHER ARNET 100 WEST STATION PITTSBURGH, PA 1 | | E, NO. 315 | | CHIEF EXECUTIVE | OFFICER | |
| NAME AND ADDRESS | | | | TITLE | | |
| CANDI CASTLEBERRY 100 WEST STATION PITTSBURGH, PA 1 | SQUARE DRIV | E, NO. 315 | | BOARD CHAIR | | |
| NAME AND ADDRESS | | | | TITLE | | |
| BERNADETTE SMITH 100 WEST STATION PITTSBURGH, PA 1 | | те, NO. 315 | i - | VICE CHAIR | | |
| NAME AND ADDRESS | | | | TITLE | | |
| MARGARET DIVIRGII 100 WEST STATION PITTSBURGH, PA 1 | SQUARE DRIV | E, NO. 315 | | TREASURER | | |
| NAME AND ADDRESS | | | | TITLE | | |
| TANYA J. HAGEN, M 100 WEST STATION PITTSBURGH, PA | SQUARE DRIV | E, NO. 315 | | SECRETARY | | |
| NAME AND ADDRESS | | | | TITLE | | |
| DEBORAH L. ACKLIN 100 WEST STATION PITTSBURGH, PA 1 | SQUARE DRIV | E, NO. 315 | | BOARD MEMBER | | |

THE WOMEN AND GIRLS FOUNDATION OF SOUTHW

| 74 | L – 1 | 30 | 5 | 5 | 3 | 1 | 1 |
|----|-------|----|---|---|---|---|---|
| | | | | | | | |

| NAME AND ADDRESS | | | | | TITLE | |
|---|--------|--------|-----|-----|-------|--------|
| JOYCE KOSSOL 100 WEST STATION PITTSBURGH, PA | | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| HEIDI BARTHOLOMEN 100 WEST STATION PITTSBURGH, PA | SQUARE | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| SUZAN LAMI 100 WEST STATION PITTSBURGH, PA 2 | | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| J. BRACKEN BURNS 100 WEST STATION PITTSBURGH, PA | SQUARE | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| JOHN DENNY 100 WEST STATION PITTSBURGH, PA 2 | | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| RONA NESBIT 100 WEST STATION PITTSBURGH, PA 3 | | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| MUGE FINKEL 100 WEST STATION PITTSBURGH, PA 2 | | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| PHYLLIS SILVERMAN 100 WEST STATION PITTSBURGH, PA | SQUARE | DRIVE, | NO. | 315 | BOARD | MEMBER |
| NAME AND ADDRESS | | | | | TITLE | |
| KIMBERLY L. SLAT 100 WEST STATION PITTSBURGH, PA | SQUARE | DRIVE, | NO. | 315 | BOARD | MEMBER |

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9 STATEMENT(S) 3 2014.04000 THE WOMEN AND GIRLS FOUNDAT WGFOUND1

NAME AND ADDRESS

SEN. MATT SMITH 100 WEST STATION SQUARE DRIVE, NO. 315 PITTSBURGH, PA 15219

NAME AND ADDRESS

SUSAN YOHE 100 WEST STATION SQUARE DRIVE, NO. 315 PITTSBURGH, PA 15219 TITLE

BOARD MEMBER

TITLE

BOARD MEMBER