**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

March 3, 2025

Girls Incorporated of Metro Denver 1499 Julian St Denver, CO 80204

Girls Incorporated of Metro Denver:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

RYAN, GUNSAULS & O'DONNELL, LLC

Q	879-TE		IRS	E-file Signatu for a Tax Ex	ure Autho	rization	F	OMB No. 1545-0047
Form O	0/9-12	For colonder us		year beginning SEP 1			··· 21	0000
		For calendar ye					, 20 <b>2 4</b>	2023
	nt of the Treasury evenue Service			o not send to the IRS www.irs.gov/Form8879				
Name of			00101	ww.ii 3.gov/i 0i 1100/ 8		information.	EIN or SSN	
	GTRUS	TNCORPO	RATED	OF METRO DEN	VER		74-22	77668
Name ar	nd title of officer or pe			LA GARCIA				
Numo ui				SIDENT/CEO				
Part	I Type of	Return and		-				
				this Form 8879-TE and	enter the applicat	ble amount, if any, f	rom the return	. Form 8038-CP and
Form 53 or <b>10a</b> whiche	330 filers may ente below, and the am	er dollars and o ount on that lin	cents. For all one for the return	other forms, enter whole urn being filed with this	e dollars only. If yo form was blank, tl	ou check the box or hen leave line <b>1b, 2</b>	n line <b>1a, 2a,</b> 3 b, 3b, 4b, 5b,	<ul> <li>3a, 4a, 5a, 6a, 7a, 8a, 9a,</li> <li>6b, 7b, 8b, 9b, or 10b,</li> <li>Do not complete more</li> </ul>
1a	Form 990 check	nere	Х ь То	tal revenue, if any (For	m 990, Part VIII, c	olumn (A), line 12)		1b <u>3,792,391</u> .
2a	Form 990-EZ che		b To	tal revenue, if any (For	m 990-EZ, line 9)			2b
3a	Form 1120-POL	check here		tal tax (Form 1120-POL				3b
4a	Form 990-PF che	eck here		x based on investmen				4b
5a	Form 8868 check	here	b Ba	lance due (Form 8868,	line 3c)			5b
6a	Form 990-T chec		🗌 b To	tal tax (Form 990-T, Pa	rt III, line 4)			6b
7a	Form 4720 check	here	🗌 b To	tal tax (Form 4720, Pa	t III, line 1)			7b
8a	Form 5227 check	here	b FN	IV of assets at end of	<b>tax year</b> (Form 52	227, Item D)		8b
9a	Form 5330 check	here	🗌 b Ta	<b>x due</b> (Form 5330, Part	II, line 19)			9b
10a	Form 8038-CP cl			nount of credit payme			, line 22)	10b
Part				uthorization of Of				
Under p	penalties of perjury	, I declare that	t 🚺 I am ai	n officer of the above er	ntity or 🛄 I am	a person subject to	tax with resp	ect to (name
of entity	y)				, (EIN)	ar	nd that I have	examined a copy of the
financia later tha paymer persona	al institution to deb an 2 business days nt of taxes to recei al identification nu	it the entry to s prior to the p ve confidential mber (PIN) as i	this account. ayment (settl information	the tax preparation soft To revoke a payment, ement) date. I also auth necessary to answer in for the electronic return	must contact the orize the financia ouiries and resolve	e U.S. Treasury Fina I institutions involve e issues related to t	ancial Agent at ed in the proce the payment. I	t 1-888-353-4537 no essing of the electronic have selected a
	ieck one box only			& O'DONNELL,	TTC			№ 77668
	L l authorize KI	AN, GUN	ISAUDS (			1	to enter my PI	
				ERO firm name				Enter five numbers, but do not enter all zeros
	with a state age on the return's As an officer or return. If I have	ency(ies) regula disclosure con person subject indicated with	ating charities sent screen. It to tax with in this return	ronically filed return. If I as part of the IRS Fed respect to the entity, I w that a copy of the retur on the return's disclosu	/State program, I vill enter my PIN a n is being filed wit	also authorize the a as my signature on t th a state agency(ie	forementione	d ERO to enter my PIN 023 electronically filed
Signature	of officer or person subj	0	,				Date	
Part		ation and A	uthentica	tion			Duit	
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submitt		•	-	h is my signature on th ments of <b>Pub. 4163,</b> Mo		•		
ERO's si	gnature <b>RYA</b>	N, GUNS	AULS &	O'DONNELL,	LLC	Date03	/03/25	
						- <b>.</b>		
		<b>-</b> ··		Aust Retain This F				
	-			This Form to the	IKS UNIESS R	equested To D	0 50	5 0070 TE (1997)
For Pri	vacy Act and Pap	erwork Reduc	ction Act Not	tice, see instructions.				Form <b>8879-TE</b> (2023)
LHA 30	02521 01-05-24							

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2023** Open to Public Inspection

Inter	nal Reve	and to www.ii.s.gov/i officeror and the late		Inspection
Α	For th	e 2023 calendar year, or tax year beginning ${ m SEP}$ $1$ , $2023$ and ending	<u>A</u> UG 31, 2024	
В	Check if applicab	C Name of organization	D Employer identifie	cation number
, 				
	Addre chang			<b>C</b> 0
	Name chang		74-22776	
	returr	Number and street (or P.U. box if mail is not delivered to street address) Room/s		1262
	Final returr termii		303-893-	
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80204	G Gross receipts \$	3,886,736.
	_lreturr ∏Appli	•	H(a) Is this a group re	
	tiòn pendi	<sup>ng</sup> SAME AS C ABOVE	for subordinates <b>H(b)</b> Are all subordinates in	
<u> </u>	Tay.ov			list. See instructions
	Websi		H(c) Group exemption	
			rear of formation: 1983	
	art I	Summary		e alle et legal activelle -
-	1	Briefly describe the organization's mission or most significant activities: TO INSPI	RE ALL GIRLS '	TO BE
Activities & Governance		STRONG, SMART, AND BOLD.		
srna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
ove	3			22
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		22
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	51
iviti		Total number of volunteers (estimate if necessary)		890
Acti		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	2,455,601.	3,288,286.
Revenue	9	Program service revenue (Part VIII, line 2g)	49,684.	104,096.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143,053. 185,939.	254,720. 145,289.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,834,277.	3,792,391.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,618.	115,975.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,243,435.	2,242,694.
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         219,448.	0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line 25) 219, 448.		•
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	917,240.	911,141.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,239,293.	3,269,810.
	19	Revenue less expenses. Subtract line 18 from line 12	-405,016.	522,581.
or			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	8,468,571.	9,746,159.
t As: d B;	21	Total liabilities (Part X, line 26)	215,249.	377,306.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	8,253,322.	9,368,853.
Pa	art II	Signature Block		
Line	lor non	altice of pariury. I dealare that I have examined this return, including ecoempanying echadules and at	tomanta and to the heat of m	knowledge and belief it is

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.

Т

	Cimpeture of officer		Data	
Sign	Signature of officer		Date	
	KAYLA GARCIA, PRESIDENT/C	EO		
	Type or print name and title	_		
	Print/Type preparer's name	Preparer's signature	Date Check	] PTIN
Paid	KATHERINE T MOELLER CPA	KATHERINE T MOELLER	03/03/25 self-employed	
Preparer		O'DONNELL, LLC	Firm's EIN 45	-5297192
Use Only	Firm's address 5590 E. YALE AVE.	SUITE 201		
	DENVER, CO 80222		Phone no. 303	-758-5558
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23		Form <b>990</b> (2023)

Check If Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO INSPIRE ALL GIRLS TO BE STRONG, SMART, AND BOLD. DId the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E7? If 'Yes,' describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? Yees [X If 'Yes,' describe these changes on Schedule O. 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 accomplishments for each of its three largest program services, as measured by expenses. (code: ] (Econemes 1 , 0.23, 0.67. including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 ) (Econemes 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 ) (Incenses 1 , 0.23, 0.67. Including grants of 8 ) (Incenses 1 ) Expenses. And Expenses in the set of 8 ) (Incenses 1 , 0.63, 2.33 ) EDILD (Incenses 1 , 1.611, 5.32. Including grants of 8 ) (Incenses 1 , 0.611, 5.32. Including grants of 8 ) (Incenses 1 , 4.11, 5.32. Including grants 0.63, 2.33 ) ELEMENTARY AND MIDDLE SCHOOL: GIMD USES A COMPREHENSIVE, WHOLE GIRL, APPROACH THA		GIRLS INCORPORATED OF METRO DENVER	74-2277668	Pa
Bindfy describe the organization's mission:         TO INSPIRE ALL GIRLS TO BE STRONG, SMART, AND BOLD.         Did the organization undertake any significant program services during the year which were not listed on the proof orm 980 or 990 £2?       □ Yes [X]         If 'Yes, 'describe these new services on Schedule 0.       □ Yes [X]         Describe the organization's program service accompliatments for each of its three largest program services?       □ Yes [X]         I' Yes, 'describe these changes on Schedule 0.       □ Others, the total expenses.         Describe the organization's program service accompliatments for each of its three largest program services?       ○ (were *) (wereness)         GENERAL PROGRAMS: GIRLS I'NC. OF MERTO DENVER'S (GIRD) MISSION IS TO INSPIRE ALL GIRLS TO BE STRONG, SMART, AND BOLD. EACH YEAR GIRD IMPAC.         Queet 1, 0023, and 571, codes of code of the second of the schedule 0.       ○ (were *) (wereness)         GENERAL PROGRAMS: GIRLS I'NC. OF MERTO DENVER'S (GIRD) MISSION IS TO INSPIRE ALL GIRLS AGES 6-28. GIMD IS AN AFPILIATE OF THE NATIONAL GIR INCORPORATED ORGANIZATION - A RECOGNIZED AUTHORITY ON GIRLS' ISSUES WIT AL HISTON D'S CHOLECE, AND EXPLORE A RANGE OF CAREERS; 2) MARE DECISIONS THAT SUPPORT THEIR HEALTH AND WELL-BEING, MANAGE STRESSFUL SITUATIONS, AND AVOID HARMFUL BERAVIOR; AND 3) BULLD AND MAINTAIN POSITIVE RELATIONSHIPS, BECOME STRONG SELF-ADVOCATES, AND LEAD SELF-SUPFICIENT LIVES.         © (code	Par	rt III Statement of Program Service Accomplishments		
Dd the organization undortake any significant program services during the year which were not listed on the prior form 990 or 990 £2?       IV 'ves' (decribe these new services on Schedule 0.         Did the organization crease conducting, or make significant changes in how it conducts, any program services?       IV 'ves' (2)         D'st the organization's program service accompliatments for each of its three largest program services, as measured by expenses.       Social (2)         Describe the organization's program service accompliatments for each of its three largest program services, as measured by expenses.       Social (2)         General PROGRAMS: GTLS: INC: OF METRO DENVER'S (GILD) MISSION IS TO INSPIRE ALL GIRLS: TO BE STRONG, SMART, AND BOLD. EACH YEAR GILD IMPAC.         GOVER 2: (5:00 GIRLS; AGES 6: -28: GILD IS AN AFFILIATE OF THE NATIONAL GIR INCORPORATED ORGANIZATION-A RECOGNIZED AUTHORITY ON GIRLS': ISSUES WIT A HISTORY DATING BACK TO 1564. GIMP'S LONG-TERM GOALS ARE THAT GIRLS;         IDECISION THAT SUPPORT THEIR HEALTH AND WELL-BEING, MANAGE STRESSFUL SITUATIONS, AND AVOID HARMFUL BEHAVIOR; AND 3) BUILD AND MAINTAIN POSITIVE RELATIONSHIPS, BECOME STRONG SELF-ADVOCATES, AND LEAD SELF-SUPFICIENT LIVES.         © code:	1	Briefly describe the organization's mission:	<u></u>	
prior from 980 or 980-E27         □Yes [X           I'Yes (accorbe these changes on Schedule 0.           Dd the organization cease conducting, or make significant changes in how it conducts, any 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 m/, for each program service accomptibility or the amount of grants and allocations to others, the total expenses, and revenue, if m/, for each program service accomptibility or provide its in the interview of the amount of grants and allocations to others, the total expenses, and revenue, if m/, for each program service accomptibility. The comparison of the amount of grants and allocations to others, the total expenses, and revenue, if m/, for each program service accomptibility. The comparison of the comparison of the amount of grants and allocations to others, the total expenses, and revenue, if m/, for each program service accomptibility. The comparison of total expenses of the comparison of the amount of grants and allocations to others, the total expenses, and revenue, if m/, for each program service accomptibility. The comparison of the comparison of the amount of grants and allocations to others, the total expenses of the amount of grants and allocations to others. The comparison of the amount of grants and allocations to others, the comparison of the amount of grants and allocations to other amount of grants and allocatin and allocations to ditermine and allocatin and a		TO INSPIRE ALL GIRLS TO BE STRONG, SMART, AND BOLD.		
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<pre>If "Yes" describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section SO(16) and SO(16)(4) and SO(16)(4</pre>	-	If "Yes," describe these new services on Schedule O.		
Section 501(s)(a) and 501(s)(a) 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 [Code]	3		Yes	
a (code ) (Separates 1, 0.23, 067. rotating generat ) (Percents CIMD) MISSION IS TO INSPIRE ALL GIRLS TO BE STRONG, SMART, AND BOLD. EACH YEAR GIMD IMPAC OVER 2,500 GIRLS, AGES 6-28. GIMD IS AN AFFILIATE OF THE NATIONAL GIR INCORPORATED ORGANIZATION-A RECOGNIZED AUTHORITY ON GIRLS' ISSUES WIT A HISTORY DATING BACK TO 1864. GIMD'S LONG-TERM GOALS ARE THAT GIRLS: 1) ENGACE IN SCHOOL, GRADUATE FROM HIGH SCHOOL ON TIME, SUCCESSFULLY TRANSITION TO COLLEGE, AND EXPLORE A RANGE OF CAREERS; 2) MAKE DECISIONS THAT SUPPORT THEIR HEALTH AND WELL-BEING, MANAGE STRESSFUL SITUATIONS, AND AVOID HARMFUL BEHAVIOR; AND 3) BUILD AND MAINTAIN POSITIVE RELATIONSHIPS, BECOME STRONG SELF-ADVOCATES, AND LEAD SELF-SUFFICIENT LIVES. (code ) (Revenues 1,411,532. rotation grants of ) (Revenues 63,23 ELEMENTARY AND MIDDLE SCHOOL: GIMD USES A COMPREHENSIVE, WHOLE GIRL, APPROACH THAT EQUIPS GIRLS TO NAVIGATE GENDER, ECCNOMIC, AND SOCIAL BARRIERS TO GROW UP HEALTHY, EDUCATED AND INDEPNDENT. ALL GIMD PROGRAM ACTIVITIES AND EXPERIENCES EXPAND ON AND SUPPORT GIRLS' SCHOOL-BASED LEARNING AND LEAD TO: 1) IMPROVED SCHOOL ENCAGEMENT; 2) IMPROVED SCHOOL PERFORMANCE; 3) SETTING FERSONAL, EDUCATIONAL, AND CAREER GOALS; AND 4) ESTABLISHING EDUCATIONAL ADFINATIONS BEYOND HIGH SCHOOL DERFORMANCE; 372,312. Notation genes 375. (Revenus 372,312. Notation genes 372,313. Notation genes 37,313. Notation genes 37,319,716. NOTO	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 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			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>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	0		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 13
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	x	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	- 23	<u> </u>
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
33200	3 12-21-23	Form	<b>990</b> (	(2023)

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	Form 990 (2	2023)	GIRLS	INCORPORATED
Ì	Part IV	Checklis	t of Required S	chedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
• -	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>0</b> -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>_</b> ^_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	00		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- 22
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	x	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	- 23	L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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023)	GIRLS	INCORPO	RATED	OF	METRO	DENVER
Statements F	Regarding	Other IRS	Filings and	d Ta	ax Compli	ance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		- 23
С 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	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			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12 10a			
a b	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 13b			
	Enter the amount of reserves on hand 13c			37
	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		х
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		- 23
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332008	j 12-21-23	Form	990	(2023)

332005 12-21-23

Form 990 (2023)

Part V

5 2023.05060 GIRLS INCORPORATED OF METRO 30972\_1

Form 990 (2023)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
sect	tion A. Governing Body and Management			-
		~ <b></b>	Yes	4
	Enter the number of voting members of the governing body at the end of the tax year 1a 21	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 22	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
	Did the organization have members or stockholders?	6		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-
		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		-
		8a	x	1
а ь	The governing body?	8b	X	-
		00	- 11	-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		-
eci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	_
			Yes	_
	Did the organization have local chapters, branches, or affiliates?	10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	1
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			Ì
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		1
	exempt status with respect to such arrangements?			-
	List the states with which a copy of this Form 990 is required to be filed CO			-
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(		0.000	- 11-
		5)S Offiy	) avai	10
18				
18	for public inspection. Indicate how you made these available. Check all that apply.			
18	X Own website X Another's website X Upon request Other (explain on Schedule O)	C		
18 19	X       Own website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
18 19	X       Own website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.	nd fina	ncial	
18 19 20	X       Own website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records	nd fina	ncial	
18 19 20	X Own website $X$ Another's website $X$ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - $303-893-4363$	nd fina	ncial	
18 19 20	X       Own website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records			
18 19 20	X Own website $X$ Another's website $X$ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - $303-893-4363$		ncial 1 <b>990</b>	

Part VII	Compensation of Offic	ers, Directors, Tru	istees, Key Emplo	yees, Highest	Compensated
	Employees, and Indep	endent Contractor	rs		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position					Reportable	Reportable	Estimated	
	hours per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	_	nploy	st cor yee	-	1033-1120)		organizations
	line)	Individual trustee or director	In stituti on al trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAYLA GARCIA	40.00	_		0	-		-			
PRESIDENT/CEO (NON-VOTING)		Х		х				128,448.	0.	0.
(2) CORI STREETMAN	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) LORI PALAZZOLO	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) DR JOAN FOSTER	2.00									
DIRECTOR		Х						0.	0.	0.
(5) KELLY CONDON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JACKIE DEVINE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) JENNIFER ENGLE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) DJUANA HARVELL, PHD	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) MARLA JONES NEWMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LAURA MERSMANN	1.00									
INCOMING CHAIR	1 00	х		Х				0.	0.	0.
(11) DEXTER METCALFE	1.00									
DIRECTOR	1 00	х						0.	0.	0.
(12) DIANNE MYLES	1.00	37								0
DIRECTOR	1 00	X						0.	0.	0.
(13) SIMONE ROSS	1.00	v						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) KRISTINE STRAIN	1.00	x						0.	0.	0.
DIRECTOR	1.00	Δ						0.	0.	0.
(15) ELIZABETH GARDNER PAST CHAIR	1.00	x		х				0.	0.	0.
(16) MICHELLE SUNIGA	1.00	Δ		Λ				0.	0.	0.
(16) MICHELLE SONIGA DIRECTOR	1.00	x						0.	0.	0.
(17) CRISTINA URIBE REYES	1.00	~~							<u>0</u> .	<u>0    </u>
DIRECTOR	1.00	x						0.	0.	0.
	1	- 27							0.	Form <b>990</b> (2023)
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2023.05060 GIRLS INCORPORATED OF METRO 30972\_\_1

74-2277668 Page 8

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (	Compensated Employe	es (continued)			
(A)								(D)	(E)		(F)	
Name and title	Average Position (do not check more than one				Reportable	Reportable		Estimate				
	hours per week	box, unless person is both an officer and a director/trustee)							compensation		amount	of
	(list any				Γ	Γ	<u> </u>	_ from the	from related organizations		other ompensa	tion
	hours for	direct				Ð			(W-2/1099-MISC/		from th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organizat	
	organizations	Itrust	ıal tru		yee	ompe		1099-NEC)	,		and relat	ed
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer			0	organizati	ons
	line)	Indi	Inst	Щ,	Key	Hig	For					
(18) LOLITA DUKUNDANE	1.00	x						0	0			0
DIRECTOR (19) DANIELLE JACKSON	1.00	A						0.	0	•		0.
DIRECTOR	1.00	x						0.	0			0.
(20) SUSANNE MOMBELLI	1.00	Δ						0.	0	-		0.
DIRECTOR		x						0.	0			0.
(21) JEN ROSS	1.00											-
DIRECTOR		х						0.	0	•		0.
(22) CARRIE WISHER	1.00											
DIRECTOR		Х						0.	0	•		0.
(23) CHRISTINA ZAVISLAN	1.00								0			•
DIRECTOR		Х						0.	0	•		0.
										-		
1b Subtotal								128,448.	0			0.
c Total from continuation sheets to Part VI								0.	0	-		0.
d Total (add lines 1b and 1c)								128,448.	-	•		0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed a	bov	e) wł	no r	received more than \$100	,000 of reportable			1
compensation from the organization											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	ee k	Kev e	amn	love	e o	r hia	phest compensated emr	lovee on			
line 1a? If "Yes," complete Schedule J for s	,								,	;	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J	for such individual		4	4	Х
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	n any	/ unr	ela	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .				;	5	X
Section B. Independent Contractors									<b>*</b>			
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										isati	on from	
(A)	une calendar y	car	enui	ng v	WILLI		1011	(B)			(C)	
Name and business	address	NC	ONE	Ξ				Description of s	ervices	Con	npensatio	n
2 Total number of independent contractors (i	ncluding but n	0t 16	mita	d + 2	the		stor	d above) who received ~	ore than			
\$100,000 of compensation from the organi		UL III	me	u 10		0	3100					
,,,,,,, _									l.	Fo	rm <b>990</b> (;	2023)

		(2023) GIRLS INCOR	RPORATED OF	METRO DEN	VER	74-2277	668 Page 9
Pa	rt VI						
		Check if Schedule O contains a respo	onse or note to any lin			(0)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a	63,874.				
Contributions, Gifts, Grants and Other Similar Amounts	b	· · · · · · · · · · · · · · · · · · ·					
År,	c	Fundraising events 1c	130,025.				
ilar İlar	c	· · · · · · · · · · · · · · · · · · ·					
Sim's	e	Government grants (contributions)	128,765.				
er (	f	All other contributions, gifts, grants, and					
Ē		similar amounts not included above 1f	2,965,622.				
	с ч	Noncash contributions included in lines 1a-1f		3,288,286.			
<u> </u>		Total. Add lines 1a-1f	Business Code	5,200,2000			
Ð	2 a	PROGRAM FEES	900099	63,230.	63,230.		
, zi	2 C		900099	40,866.	40,866.		
Ser	~ c			, · · · ·			
Program Service Revenue	c	1					
ющ ШШ	e	•					
ā	f	All other program service revenue					
	ç			104,096.			
	3	Investment income (including dividends, i		188,584.			188,584.
				100,504.			100,004.
	4 5	Income from investment of tax-exempt bo	•				
	5	Royalties	(ii) Personal				
	6 a						
	b						
	c						
	c	( )					
	7 a	Gross amount from sales of (i) Securit					
		assets other than inventory 7a 72,80	01. 8,000.				
	b	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 8,74 Gain or (loss) <b>7c</b> 64,05					
		. ,		66,136.			66,136.
er R		<ul> <li>Net gain or (loss)</li> <li>Gross income from fundraising events (not</li> </ul>		00,150.			00,150.
Other	00	including \$ 130,025. of					
-		contributions reported on line 1c). See					
		Part IV, line 18	8a 204,256.				
	b	Less: direct expenses	<sub>8b</sub> 79,680.				
		Net income or (loss) from fundraising ever		124,576.			124,576.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
		Less: direct expenses	9b				
		<ul> <li>Net income or (loss) from gaming activities</li> <li>Gross sales of inventory, less returns</li> </ul>	sا				
		•	10a				
	b	Less: cost of goods sold	10b				
		Net income or (loss) from sales of invento	ry				
s			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS AND OTH	IE 900099	20,713.			20,713.
llan	b						
Rev	c						
ΪΣ	c			20,713.			
		• Total. Add lines 11a-11d		<u> </u>	104,096.	0.	400,009.
33000	12 9 12-2	Total revenue. See instructions		5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 101,0000		Form <b>990</b> (2023)
JJ200	9 12-2	1-20		9			. 0111 000 (2023)

13330303 600550 30972

74-2277668 Page 9

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).

Do	not include amounts reported on lines 6b,	(A)	this Part IX (B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				onpeneee
2	Grants and other assistance to domestic individuals. See Part IV, line 22	115,975.	115,975.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155 004	02 170		
_	trustees, and key employees	155,284.	93,170.	31,057.	31,057
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,713,836.	1,504,748.	71,981.	137,107
8	Pension plan accruals and contributions (include			,	
-	section 401(k) and 403(b) employer contributions)	42,047.	36,287.	1,934.	3,826
9	Other employee benefits	204,045.	176,091.	1,934. 9,386.	18,568
0	Payroll taxes	127,482.	110,017.	5,864.	11,601
1	Fees for services (nonemployees):				
а	Management				
b	F				
	Accounting	22,800.	22,800.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	7,567.	7 567.		
2	Advertising and promotion	44,153.	7,567. 31,436.	5,622.	7.095
23	Office expenses	18,014.	15,930.	1,754.	7,095
4	Information technology	86,503.	80,663.	220.	5,620
5	Royalties				
6	Occupancy	132,226.	129,326.	1,399.	1,501
7	Travel	26,964.	24,494.	884.	1,586
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	226 122	226 122		
2	Depreciation, depletion, and amortization	226,133. 51,975.	226,133. 50,473.	501.	1,001
3	Insurance Other expenses. Itemize expenses not covered	51,975.	50,475.	501.	1,001
4	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM ACTIVITIES	206,170.	206,170.	0.	C
b	BAD DEBTS	27,050.	0.	27,050.	C
с	PROFESSIONAL DEVELOPMEN	26,476.	13,563.	12,913.	C
d	COST OF SALES	15,256.	15,194.	62.	0
е	All other expenses	19,854.	19,679.	19.	156
5	Total functional expenses. Add lines 1 through 24e	3,269,810.	2,879,716.	170,646.	219,448
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

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10 2023.05060 GIRLS INCORPORATED OF METRO 30972\_1

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7 Notes and loans receivable, net Assets 7 3,464. 8 Inventories for sale or use 8 7,635. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 5,612,164. basis. Complete Part VI of Schedule D ...... 10a b Less: accumulated depreciation 10b 3,749,281. 2,015,210. 1,862,883. 10c 5,010,308. 5,597,893. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 17,209. Other assets. See Part IV, line 11 15 15 8,468,571. 215,249. 9,746,159. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 349,592. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 0. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 215,249. 377,306. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,889,873. 5,583,372. Net assets without donor restrictions 27 27 3,363,449. 3,785,481. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

GIRLS INCORPORATED OF METRO DENVER Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

1

2

3

4

5

6

29

30

31

32

33

8,253,322.

8,468,571.

(A)

Beginning of year

906,699.

270,701.

237,345.

(B)

End of year 1,404,550.

244,129.

581,029.

0.

1,718.

53,957.

27,714.

9,368,853.

9,746,159.

Form **990** (2023)

1

2

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6

Form	990 (2023) GIRLS INCORPORATED OF METRO DENVER	74-	2277668	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,26		
3	Revenue less expenses. Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,25		
5	Net unrealized gains (losses) on investments	5	59	2,9	50.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,36	8,8	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Inspection Employer identification number

Name of the or	ganization
----------------	------------

on						
	GIRLS	INCORPORATED	OF	METRO	DENVER	

		GIRL	S INCORPOR	ATED OF 1	METRO	) DEN	VER		7	4-2277668
Pa	rt I	Reason for Public	Charity Status.	(All organizations	s must co	mplete th	nis part.) S	See instruction	IS.	
The o	organ	ization is not a private found								
1		A church, convention of ch	urches, or associati	on of churches d	escribed	in sectio	n 170(b)( <sup>.</sup>	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule	E (Form	990).)				
3		A hospital or a cooperative					(b)(1)(A)(i	ii).		
4		A medical research organiz							)(iii). Enter	the hospital's name,
		city, and state:	·							
5		An organization operated for	or the benefit of a co	ollege or universit	v owned	or operat	ed by a d	overnmental u	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C		5	,	•	, ,			
6		A federal, state, or local gov	, ,	mental unit descr	ribed in <b>se</b>	ection 17	'0(b)(1)(A)	(v).		
	X	An organization that norma							he general	public described in
•		section 170(b)(1)(A)(vi). (C				en a get				
8		A community trust describe		(1)(A)(vi) (Comp	lete Part I					
9		An agricultural research org					d in conii	inction with a	land-grant	college
Ŭ		or university or a non-land-g								
		university:	grant conege of agric				name, en	y, and state of		
10		An organization that norma	ally receives (1) more	than 33 1/3% of	f its supp	ort from a	ontributio	ns members	hin fees a	nd aross receipts from
		activities related to its exen								
		income and unrelated busir								
		See section 509(a)(2). (Cor			r taxy iroi		0000 4040		gamzation	
11		An organization organized a		sively to test for r	oublic safe	etv. See s	section 50	)9(a)(4).		
12		An organization organized a	-	•		-			arrv out the	e purposes of one or
		more publicly supported or	-	-		-			-	
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga					-		-	<i>r</i> aivina
		the supported organization	-	-		•				
		organization. You must c		• • • •		, ,				11 5
b		<b>Type II.</b> A supporting org	-			on with it	s support	ed organizatio	on(s), by ha	ivina
		control or management o						-		-
		organization(s). You mus				·				
с		] Type III functionally inte	-			n connect	tion with,	and functiona	lly integrate	ed with,
		its supported organization			-				, ,	
d		] Type III non-functionally							rted organi	zation(s)
		that is not functionally int	tegrated. The organi	zation generally r	must satis	sfy a disti	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	tions). You must co	mplete Part IV, S	Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a	written determin	ation fron	n the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	onally integrated	supportin	ng organiz	zation.			
f	Ente	er the number of supported o	organizations							
g	Prov	vide the following information	n about the support	ed organization(s						
	(i	i) Name of supported	(ii) EIN	(iii) Type of organ (described on line		(iv) Is the orga n your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instru		Yes	No	support (see in	istructions)	support (see instructions)
Tota	I									

#### Schedule A (Form 990) 2023

Part II

GIRLS INCORPORATED OF METRO DENVER

74-2277668 Page 2

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1814371.	3720024.	2764706.	2455601.	3288286.	14042988.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1814371.	3720024.	2764706.	2455601.	3288286.	14042988.
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.						14042988.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1814371.	3720024.	2764706.	2455601.	3288286.	14042988.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	159,588.	244,602.	363,193.	143,053.	252,640.	1163076.
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.)	-10,299.	5,975.	18,237.	97,707.	136,374.	247,994.
11	Total support. Add lines 7 through 10		-				15454058.
	Gross receipts from related activities.	etc. (see instruction	ons)			12	395,516.
	First 5 years. If the Form 990 is for th		,			501(c)(3)	
	organization, check this box and <b>stor</b>	- have					
Sec	ction C. Computation of Publ						
-	Public support percentage for 2023 (			column (f))		14	90.87 %
	Public support percentage from 2022					15	89.25 %
	33 1/3% support test - 2023. If the o						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances tes	-			•		
-	more, and if the organization meets th	-					-
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
			,	, , ,	,		(Form 990) 2023

332022 12-21-23

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

Se	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")	ſ					
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-	ľ					
	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	ſ					
	furnished by a governmental unit to	ſ					
~	the organization without charge	1					
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
Ł	3 received from disqualified persons 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1	1	1
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	i fourth, or fifth tax	year as a section	1 501(c)(3) organiza	tion,
	check this box and <b>stop here</b>				·		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from		· · · ·			18	%
19a	<b>33 1/3% support tests - 2023.</b> If the						17 is not
	more than 33 1/3%, check this box a						L
b	<b>33 1/3% support tests - 2022.</b> 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 t	this box and see in		
3320:	23 12-21-23			15		Schedule	A (Form 990) 2023

13330303 600550 30972

2023.05060 GIRLS INCORPORATED OF METRO 30972\_\_1

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

## Section A. All Supporting Organizations

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

332024 12-21-23

Schedule A (Form 990) 2023

16

#### GIRLS INCORPORATED OF METRO DENVER Schedule A (Form 990) 2023 Part IV Supporting Organiz

atione

1

		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 on lines 11b and		
	11c below, the governing body of a supported organization?	la	
b	A family member of a person described on line 11a above?	lb	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	lc	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> 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		

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

#### Section 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 yeafsee instruction
--

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

17

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

332025 12-21-23

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3b Schedule A (Form 990) 2023

2a

2b

За

No Yes

2023.05060 GIRLS INCORPORATED OF METRO 30972 1

#### 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7  $\perp$  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) 2023

332026 12-21-23

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ued)	
Sect	on D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	າຣ	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

	Form 990) 2023		INCORPO						74-2277	
	Supplemental Part IV, Section A, I	lines 1, 2, 3b, 3c, 4t	o. 4c. 5a. 6. 9a	. 9b. 9c. 11	a. 11b. anc	111c: Part	IV. Section I	B. lines 1 a	and 2: Part IV.	Section C.
	line 1; Part IV, Secti Section D, lines 5, 6 (See instructions.)	ion D, lines 2 and 3 6, and 8; and Part V	, Section E, lir	on E, lines 1 les 2, 5, and	c, 2a, 2b, 3 I 6. Also co	3a, and 3b mplete th	; Part V, line s part for an	1; Part V, y addition	Section B, line al information.	e 1e; Part \
2028 12-21-2	3								Schedule A (	Form 990)
					20					-

SCHEDULE D

#### (Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

GIRLS INCORPORATED OF METRO DENVER

Employer identification number 74-2277668

<ul> <li>2 Aggregate valid</li> <li>3 Aggregate valid</li> <li>4 Aggregate valid</li> <li>5 Did the organitiare the organitiare the organition</li> <li>5 Did the organition</li> <li>6 Did the organition</li> <li>6 Did the organition</li> <li>7 Constitute</li> <li>9 Part II</li> <li>1 Purpose(s) of Preservation</li> <li>2 Complete linearity of the tax</li> <li>a Total number of contained a preservation</li> <li>b Total acreage</li> <li>c Number of contained a historic s</li> </ul>	zation's property, subje- ization inform all grante purposes and not for the private benefit? ervation Easemen ation of land for public ion of natural habitat ation of open space s 2a through 2d if the of year. of conservation easem restricted by conserva	(during year) ng year) rs and donor adviso ect to the organizat ees, donors, and do the benefit of the do ents. Complete if the nts held by the orga use (for example, r organization held a		htrol? hat grant funds can be r for any other purpose d "Yes" on Form 990, apply). Preservation of Preservation of	e used only conferring Part IV, line 7.	important land area
<ul> <li>Aggregate value</li> <li>Aggregate value</li> <li>Did the organic are the organic for charitable properties</li> <li>Did the organic for charitable properties</li> <li>Part II Cons</li> <li>Purpose(s) of Preservation Protection Protection Preservation Preservation Preservation Preservation Protection Preservation Protection Preservation Protection Preservation Protection Preservation Protection Protection Preservation Protection Preservation Protection Preservation Protection Preservation Protection Preservation Protection Preservation Protection Preservation Protection Preservation Protection Preservation Protection Preservation Preservation Preservation Protection Preservati</li></ul>	ue of grants from (durin ue at end of year ization inform all donors ization's property, subje- ization inform all grante purposes and not for th private benefit? ervation Easemen ation of land for public ion of natural habitat ation of open space s 2a through 2d if the of year. of conservation easem restricted by conserva	ng year) rs and donor adviso ect to the organizat ees, donors, and do the benefit of the do ents. Complete if th nts held by the orga use (for example, r organization held a	brs in writing that the ass tion's exclusive legal co poror advisors in writing to poror or donor advisor, o the organization answere anization (check all that recreation or education)	htrol? hat grant funds can be r for any other purpose d "Yes" on Form 990, apply). Preservation of Preservation of	e used only conferring Part IV, line 7.	important land area
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<ul> <li>5 Did the organi are the organi for charitable impermissible</li> <li>Part II Cons</li> <li>Purpose(s) of Preserva</li> <li>Protecti Preserva</li> <li>Complete lines day of the tax</li> <li>a Total number b Total acreage</li> <li>c Number of con on a historic s</li> </ul>	ization inform all donors ization's property, subje- ization inform all grante purposes and not for the private benefit? ervation Easemen ation of land for public ion of natural habitat ation of open space s 2a through 2d if the of year. of conservation easem restricted by conservation	es and donor adviso aect to the organizat aees, donors, and do the benefit of the do arts. Complete if the nts held by the orga use (for example, r organization held a	ors in writing that the as tion's exclusive legal co onor advisors in writing to onor or donor advisor, o the organization answere anization (check all that recreation or education)	htrol? hat grant funds can be r for any other purpose d "Yes" on Form 990, apply). Preservation of Preservation of	e used only conferring Part IV, line 7.	important land area
<ul> <li>5 Did the organi are the organi for charitable impermissible</li> <li>Part II Cons</li> <li>Purpose(s) of Preserva</li> <li>Protecti Preserva</li> <li>Complete lines day of the tax</li> <li>a Total number b Total acreage</li> <li>c Number of con on a historic s</li> </ul>	ization inform all donors ization's property, subje- ization inform all grante purposes and not for the private benefit? ervation Easemen ation of land for public ion of natural habitat ation of open space s 2a through 2d if the of year. of conservation easem restricted by conservation	es and donor adviso aect to the organizat aees, donors, and do the benefit of the do arts. Complete if the nts held by the orga use (for example, r organization held a	ors in writing that the as tion's exclusive legal co onor advisors in writing to onor or donor advisor, o the organization answere anization (check all that recreation or education)	htrol? hat grant funds can be r for any other purpose d "Yes" on Form 990, apply). Preservation of Preservation of	e used only conferring Part IV, line 7.	important land area
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<ol> <li>Purpose(s) of Preserva</li> <li>Protecti</li> <li>Protectia</li> <li>Preserva</li> <li>Complete lines</li> <li>day of the tax</li> <li>Total number</li> <li>Total acreage</li> <li>Number of con</li> <li>Number of con</li> <li>on a historic s</li> </ol>	conservation easemen ation of land for public ion of natural habitat ation of open space s 2a through 2d if the o year. of conservation easem restricted by conserva	nts held by the orga use (for example, r organization held a	anization (check all that recreation or education)	apply). Preservation of Preservation of	f a historically i	important land area
<ul> <li>Preserva</li> <li>Protectii</li> <li>Preserva</li> <li>Preserva</li> <li>Complete lines</li> <li>day of the tax</li> <li>a Total number</li> <li>b Total acreage</li> <li>c Number of coil</li> <li>d Number of coil</li> <li>on a historic s</li> </ul>	ation of land for public ion of natural habitat ation of open space s 2a through 2d if the o year. of conservation easem restricted by conserva	use (for example, r	recreation or education)	Preservation of Preservation of	-	-
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<ul> <li>Preserva</li> <li>Complete lines day of the tax</li> <li>a Total number</li> <li>b Total acreage</li> <li>c Number of cond</li> <li>d Number of cond</li> <li>n a historic s</li> </ul>	ation of open space s 2a through 2d if the o year. of conservation easem restricted by conserva		qualified conservation of		f a certified his	toric structure
<ul> <li>Complete lines day of the tax</li> <li>Total number</li> <li>Total acreage</li> <li>Number of cond</li> <li>Number of cond</li> <li>Number of cond</li> </ul>	s 2a through 2d if the c year. of conservation easem restricted by conserva		qualified conservation of			
<ul> <li>day of the tax</li> <li>a Total number</li> <li>b Total acreage</li> <li>c Number of con</li> <li>d Number of con</li> <li>on a historic s</li> </ul>	year. of conservation easem restricted by conserva		qualified conservation of			
<ul> <li>a Total number</li> <li>b Total acreage</li> <li>c Number of cond</li> <li>d Number of conductor on a historic set of the s</li></ul>	of conservation easem restricted by conserva	ients		contribution in the form		
<ul><li>b Total acreage</li><li>c Number of cond</li><li>d Number of cond</li><li>on a historic s</li></ul>	restricted by conserva	ients				Held at the End of the Ta
<ul><li>c Number of con</li><li>d Number of con</li><li>on a historic s</li></ul>					2a	
d Number of cor on a historic s	nservation easements	ation easements			2b	
on a historic s		on a certified histor	ric structure included or	ı line 2a	2c	
	nservation easements i	included on line 2c	acquired after July 25,	2006, and not		
N N I	structure listed in the Na	ational Register			2d	
3 Number of cor	nservation easements	modified, transferre	ed, released, extinguish	ed, or terminated by th	e organization	during the tax
year						
4 Number of sta	ates where property sul	bject to conservation	on easement is located			
5 Does the orga	nization have a written	n policy regarding th	he periodic monitoring, i	nspection, handling of		
violations, and	d enforcement of the co	onservation easem	ents it holds?			🖸 Yes 🗌
			cting, handling of violati			
7 Amount of exp	penses incurred in mor	nitoring, inspecting,	, handling of violations,	and enforcing conserva	ation easemen	ts during the year
B Does each co		eported on line 2d :	above satisfy the requir	ements of section 170(	h)(4)(B)(i)	
				· · · · · · · · · · · · · · · · · · ·		Yes
			ervation easements in it			
	-	-	e footnote to the organiz			
	accounting for conser	•	•			
Part III Organ	nizations Maintai	ining Collection	ns of Art, Historic	al Treasures. or C	ther Simila	ar Assets.
		-	Form 990, Part IV, line	-		
	-		SC 958, not to report in		and balance sl	heet works
•	· •		or public exhibition, edu			
			s financial statements th			
			SC 958, to report in its r			t works of
			public exhibition, educa			
	llowing amounts relatin					
-	-	-			¢	2
			cal treasures, or other si			š
					a gain, provide	3
-	-	-	ASB ASC 958 relating to		<b>•</b>	<u>,</u>
	rk Reduction Act Noti	ice, see the Instru	ctions for Form 990.		ę	Schedule D (Form 990
2051 09-28-23			21			
80303 6005						

		NCORPORATEL			Other			7766		age <b>2</b>
Par	t III Organizations Maintaining C								nued)	
3	Using the organization's acquisition, accessic collection items (check all that apply).	on, and other records	s, check any of the	following that r	nake sigr	nificant us	se of its			
а	Public exhibition	d		hange program						
b	Scholarly research	ů		nange program						
	Preservation for future generations	e								
C A	-	lastions and avalain	how they further t	ha arganization	'a avamn	+	a in Dar	• VIII		
4 5	Provide a description of the organization's co During the year, did the organization solicit o						emran	L AIII.		
5				-				Yes		
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran									No
1 0	reported an amount on Form 990, Par		e il the organization	ranswered re	SONFO	nn 990, F	Part IV, II	ine 9, or		
1a	Is the organization an agent, trustee, custodi		iary for contributio	ns or other ass	ets not in	cluded				
14	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII									110
, N			owing table.					Amoun	t	
~	Reginning balance					1c		,	-	
	Beginning balance					1d				
	Additions during the year Distributions during the year					1e				
f						1f				
י 22	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-		·····			1
Par										
			(b) Prior year	(c) Two years I		Three vea	ars back	(e) Four	vears	back
1a	Beginning of year balance	5,093,962.	4,881,570.				5,711.		,691,	
	Contributions	-,	-,,,		943.		0,000.	_		261.
	Net investment earnings, gains, and losses	959,589.	435,704.	,			0,037.			365.
	Grants or scholarships		100,701.	, 10,		-,	•,••,•		192,	
	Г									
e	Other expenditures for facilities	367,612.	247,355.	294,	759	17	2,356.		286	475.
	and programs	507,012.	24,043.	· · · ·	783.		2,330. 6,535.			743.
	Administrative expenses	5,685,939.	5,093,962.				6,857.	1	, 895,	
g	End of year balance				570.	5,07	0,037.	Ŧ	, , , ,	/11.
2	Provide the estimated percentage of the curr	54.4080		a)) neid as:						
	Board designated or quasi-endowment Permanent endowment 45.5920		_%							
		%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c sho	•			-1 <b>f t</b>					
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are neid a	ind administere	a for the			I	Yes	No
	organization by:							0-(1)	165	X
	(i) Unrelated organizations?							3a(i)		X
<b>b</b>	(ii) Related organizations?									<u>~</u>
	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunds.							
Fai	Complete if the organization answered		Part IV line 11a	Soo Form 000	Dart V lin	o 10				
	*							(-1) D		
	Description of property	(a) Cost or ot		or other		umulated		( <b>d)</b> Boo	k valu	э
	L	basis (investm	,	(other) 4,286.	uepre	ciation	_	12	1 2	86.
	Land			4,280.	3 05	2,53	1	$\frac{13}{1,59}$		
	Buildings		4,00	1,404.	3,03		<b>⊥•</b>	т, эу	υ,/	43.
	Leasehold improvements		on	6 624	60	6 75		10	0 0	7/
	Equipment		82	6,624.	69	6,75	<b>v</b> •	12	9,8	/4•
	Other							1 00	2 0	02
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K, line 10c, column	( <i>B))</i>				1,86		
						Sc	chedule	D (Forn	n <b>990</b> )	2023

Complete if the organization answered "Yes" a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-yea	r market value
	(b) DOOK VAIUE	(c) Method of Valuation. Cost of end-of-yea	r market value
Financial derivatives			
Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-yea	r market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets	on Form 990 Part IV line -	11d See Form 990 Part X line 15	
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes"			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line <sup>-</sup> Description		) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a)			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)			9) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)			) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	Description		•) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         art IX       Other Assets         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, line 15, complete 15	Description		) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (a) (b) must equal Form 990, Part X, line 15, co art X Other Liabilities	Description	(b	<ul> <li>b) Book value</li> <li>b) Book value</li> </ul>
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al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Column (b) must equal Form 990, Part X, line 15, co art X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	(b	
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, line 15, co art X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	(b	
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al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, co art X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	(b	
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al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Column (b) must equal Form 990, Part X, line 15, co art X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	(b	

74-2277668 Page 3

Schedule D (Form 990) 2023

_	edule D (Form 990) 2023 GIRLS INCORPORATED OF METH				2277668 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,455,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	592,950.		
b	Donated services and use of facilities	2b	816,281.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d	253,611.		
е	Add lines 2a through 2d			2e	1,662,842.
3	Subtract line 2e from line 1			3	3,792,391.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,792,391.
<u> </u>				_ <b>-</b>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 123	nents Wit <sup>a.</sup>	h Expenses per	Retu	irn
<b>P</b> a 1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit <sup>a.</sup>	h Expenses per	Retu	
	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a.	h Expenses per		irn
1	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 122         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a.	h Expenses per		irn
1 2	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit a. 2a	h Expenses per		irn
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nents Wit a. 2a 2b 2c	h Expenses per 816,281.		irn
1 2 a b c	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nents Wit a. 2a 2b 2c	h Expenses per		ırn 4,339,702.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	nents Wit a. 2a 2b 2c 2c 2d	h Expenses per 816,281. 253,611.	1 2e	irn 4,339,702. 1,069,892.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	nents Wit a. 2a 2b 2c 2c 2d	h Expenses per 816,281. 253,611.	1	ırn 4,339,702.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	nents Wit a. 2a 2b 2c 2c 2d	h Expenses per 816,281. 253,611.	1 2e	irn 4,339,702. 1,069,892.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	nents Wit a. 2a 2b 2c  2d	h Expenses per 816,281. 253,611.	1 2e	irn 4,339,702. 1,069,892.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per 816,281. 253,611.	1 2e	irn 4,339,702. 1,069,892.
1 2 d c d e 3 4 a b	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           2d	h Expenses per 816,281. 253,611.	1 2e 3 4c	urn 4,339,702. 1,069,892. 3,269,810. 0.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	h Expenses per 816,281. 253,611.	1 2e 3	irn 4,339,702. 1,069,892. 3,269,810.

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

PART V, LINE 4:

THE ENDOWMENT FUND CONSISTS OF BOARD-DESIGNATED FUNDS (UNRESTRICTED NET
ASSETS) AND DONOR-RESTRICTED FUNDS (PERMANENTLY RESTRICTED NET ASSETS).
THE BOARD-DESIGNATED PORTION OF THE ENDOWMENT CONSISTS OF A RESERVE
ACCOUNT AND FUNDS THAT THE BOARD HAS INTERNALLY DESIGNATED FOR FUTURE
USES. SINCE THIS PORTION IS AN INTERNAL DESIGNATION AND NOT
DONOR-RESTRICTED, IT IS CLASSIFIED AS UNRESTRICTED NET ASSETS.
THE DONOR-RESTRICTED FUNDS HAVE EXPLICIT RESTRICTIONS BY DONORS TO BE HELD
IN PERPETUITY, GENERATING INCOME FOR DONOR-SPECIFIED PURPOSE. THE
PRINCIPAL, OR CORPUS, OF THIS ENDOWMENT CANNOT BE SPENT. ONLY THE INCOME
EARNED FROM THE ASSETS, OR THE AMOUNT GENERATED BY THE CURRENT SPENDING
332054 09-28-23 Schedule D (Form 990) 2023
2023.05060 GIRLS INCORPORATED OF METRO 309721

 Schedule D (Form 990) 2023
 GIRLS INCORPORATED OF METRO DENVER
 74-2277668
 Page 5

 Part XIII
 Supplemental Information (continued)
 POLICY, CAN BE SPENT BY THE ORGANIZATION. A PERMANENTLY RESTRICTED

 ENDOWMENT IS ESTABLISHED AT THE DISCRETION OF THE DONOR AND MUST BE

MAINTAINED INVIOLATE AND HELD IN PERPETUITY.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION IS, HOWEVER, SUBJECT TO INCOME TAX ON ANY UNRELATED BUSINESS INCOME. THERE WAS NO UNRELATED TAXABLE INCOME FOR THE YEARS ENDED AUGUST 31, 2024 AND 2023.

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF INCOME TAXES. IN DETERMINING THE RECOGNITION OF UNCERTAIN TAX POSITIONS, THE ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND DETERMINES THE MEASUREMENT OF UNCERTAIN TAX POSITIONS CONSIDERING THE AMOUNTS AND PROBABILITIES OF THE OUTCOMES THAT COULD BE REALIZED UPON ULTIMATE SETTLEMENT WITH TAXING AUTHORITIES. THE ORGANIZATION ANALYZED ITS TAX POSITIONS TAKEN ON THEIR FEDERAL TAX RETURNS FOR THE OPEN TAX YEARS 2020 THROUGH 2022. BASED ON THEIR ANALYSIS, THE ORGANIZATION DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS AND THAT THE ORGANIZATION SHOULD PREVAIL UPON EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT INCOME TRANSFERS

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT INCOME TRANSFERS

332055 09-28-23

253,611.

253,611.

CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-00							-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							3	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. O Go to www.irs.gov/Form990 for instructions and the latest information.								blic
Name of the organization									
Part I Fundrais		Complete if the organization answe				line 1			
required to	complete this par	rt.							
a X Mail solicitat	ions email solicitations tations		tion of tion of	non-g gover	overnment grants nment grants	'.			
2 a Did the organization	on have a written o	or oral agreement with any individua	•	Ũ					
	) highest paid indi	Part VII) or entity in connection with p viduals or entities (fundraisers) pursu e organization.			•		X Y Indraiser is to		Νο
(i) Name and addres or entity (fund		(ii) Activity		Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paic or retained by fundraiser ted in col. (i)		ned by)
POINT B(E) STRATEG 2554 IRVING ST, DE	,		Yes	No X	. 0.			0. 2	5 650
2554 IRVING ST, DE	NVER, CO	GRANT WRITING		~	0.			2	5,650.
				1					
		on is registered or licensed to solicit			s or has been notifie	d it is	exempt from		5,650.
CO									
	ion Act Nation	as the Instructions for Form 000 -	- 000	=7			Cabad		0) 0000
		ee the Instructions for Form 990 of FOR CONTINUATIONS	- 990-l				Schedi	ile G (Form 99	J 2023

LHA 332081 09-13-23

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

			(a) Event #1 MY BOLD FUTURE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	334,281.			334,281.	
Re			130,025.			130,025.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	204,256.			204,256.	
	4	Cash prizes					
s	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Direct E	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses				79,600.	
	10	, , , , , , , , , , , , , , , , , , , ,				79,600. 124,656.	
	I1         Net income summary. Subtract line 10 from line 3, column (d)           Part III         Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than						
Fd	II L	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue					
lses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direc	4	Rent/facility costs					
	5	Other direct expenses			 		
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % │── No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
	ls '	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a 'No," explain:	ctivities in each of these	states?			
		ere any of the organization's gaming licenses re 'Yes," explain:			(year?	Yes No	
33208	82 0	9-13-23			Sche	edule G (Form 990) 2023	

Sch	edule G (Form 990) 2023	GIRLS	INCORPORATED	OF METRO	DENVER	74-227	7668	Page 3
11 12	Does the organization conduct ga Is the organization a grantor, bene	eficiary or trus	stee of a trust, or a memb	er of a partnersh	p or other entity formed		Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming					L	∐ Yes	L No
а	The organization's facility					13	a	%
	An outside facility						b	%
14	Enter the name and address of th	e person who	prepares the organization	on's gaming/spec	ial events books and reco	ords:		
	Name							
	Address							
15a	Does the organization have a con	tract with a th	nird party from whom the	organization rece	ives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam of gaming revenue retained by the			on \$	and the an	nount		
с	If "Yes," enter name and address							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employ	ee 🗌 Inde	pendent contract	or			
а	Mandatory distributions: Is the organization required under retain the state gaming license? Enter the amount of distributions organization's own exempt activit	required unde	er state law to be distribu	-			Yes	No No
Ра	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as	mation. Pro	ovide the explanations rec			); and Part III	, lines 9,	9b, 10b,
50	HEDULE G, PART I,		B, LIST OF T.	EN HIGHES	T PAID FUNDRA	AISERS:		
(I	) NAME OF FUNDRAI	SER: PO	DINT B(E) STR	ATEGIES,	LLC			
(I	) ADDRESS OF FUND	RATSER:	2554 TRVING	ST. DENV	YER, CO 8021	1		
<u> </u>	, 112011202 01 10112			517 2211				
33208	33 09-13-23			28		Schedule (	à (Form	990) 2023

Schedule G	(Form 990) Supplemental Info	GIRLS	INCORPORATED	OF	METRO	DENVER	74-2277668 Page
Part IV	Supplemental Info	rmation (co	ntinued)				
							Schedule G (Form 99
32084 04-01-	23			29			
				43			

Name of the organization       Employer identificat         GIRLS INCORPORATED OF METRO DENVER       74-22         Part I       General Information on Grants and Assistance       74-22         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       X         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       X         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (ff applicable)       (d) Amount of noncash assistance or assistanc	ion number 277668
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparization is procedures for monitoring the use of grant funds in the United States.         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (d) Amount of cash grant       (e) Amount of noncash or oncash or oncash assistance       (g) Description of noncash assistance       (h) Purpose of or assistance	
1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (g) Description of noncash assistance       (h) Purpose of organization or assistance	No
criteria used to award the grants or assistance?       Image: Criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (g) Description of noncash assistance       (h) Purpose of organization or assistance	No
2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (g) Description of noncash assistance       (h) Purpose of organization or assistance	
Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (f) Method of valuation (book, FMV, appraisal, for assistance       (g) Description of noncash assistance       (h) Purpose of or assistance	
or government (b) EIN (c) INC section (d) Amount of valuation (book, in oncash assistance or assista	

3 Enter total number of other organizations listed in the line 1 table

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

#### Schedule I (Form 990) 2023 GIRLS INCORPORATED OF METRO DENVER

74-2277668

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	28	115,975.	0.		

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

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF THE

GRANTS, THE GRANTEES' ELIGIBILITY FOR THE GRANTS, AND THE SELECTION

CRITERIA USED TO AWARD THE GRANTS.

SCHEDULE O (Form 990)

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number 74-2277668

GIRLS INCORPORATED OF METRO DENVER

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

LEADERSHIP AND SELF-ADVOCACY, AND HEALTHY MINDS AND BODIES.

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

COPY OF FORM 990, IN DRAFT FORM, IS PROVIDED TO THE ORGANIZATION'S

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE

IT IS FILED.

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

COMPENSATION OF THE ORGANIZATION'S CEO AND TOP MANAGEMENT IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION IS BASED ON ANNUAL BUDGETARY CONSTRAINTS, COMPARISON TO COMPENSATION DATA FROM SIMILAR ORGANIZATIONS, AND MERIT.

COMPENSATION OF THE ORGANIZATION'S OTHER KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE CEO. COMPENSATION IS BASED ON ANNUAL BUDGETARY CONSTRAINTS, COMPARISON TO COMPENSATION DATA FROM SIMILAR ORGANIZATIONS, AND MERIT.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION ON ITS

WEBSITE, WWW.GIRLSINCDENVER.ORG, ON GUIDESTAR'S WEBSITE, WWW.GUIDESTAR.ORG,

AND UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 I HA 332211 11-14-23 32

Schedule O (Form 990) 2023	3
Name of the organization	

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE,

WWW.GIRLSINCDENVER.ORG, ON GUIDESTAR'S WEBSITE, WWW.GUIDESTAR.ORG, AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

332212 11-14-23