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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 2 4 | 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 10a 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 1b, 2 | n line 1a, 2a, 3 b, 3b, 4b, 5b, | 3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more |
| 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 | tax year (Form 52 | 227, Item D) | | 8b |
| 9a | Form 5330 check | here | 🗌 b Ta | x due (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 | |
| ERO's | EFIN/PIN. Enter y | | | | | | | |
| | r (EFIN) followed by | - | - | | 5 | 8465278555 Do not enter all zeros | | |
| submitt | | • | - | h is my signature on th ments of Pub. 4163, Mo | | • | | |
| ERO's si | gnature RYA | N, GUNS | AULS & | O'DONNELL, | LLC | Date03 | /03/25 | |
| | | | | | | - . | | |
| | | - ·· | | 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 8879-TE (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 | | | C 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 | ^{ng} SAME AS C ABOVE | for subordinates H(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 990 (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 |
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| 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. | | |
| 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 | | | | |
| <pre>If 'Yes,' describe these new services on Schedule 0. Dot the organization cease conducting, or make significant changes in how it conducts, any program services,</pre> | 2 | | Ves | X |
| <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 | • • | |
| <pre>TNSPIRE 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 INCCRPCRATED ORGANIZATION -A RECONIZED 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:)(Guennes 1,411,532. moduleg grade of a) (Guennes 63,23 ELEMENTRY AND MIDDLE SCHOOL: GIMD USES A COMPREHENSIVE, WHOLE GIRL, APPROACH THAT EQUIPS GIRLS TO NAVIGATE GENDER, ECONOMIC, AND SOCIAL BARRIERS TO GROW UP HEALTHY, EDUCATED, AND SUPPORT GIRLS' SCHOOL-BASED LEARNING AND LEAD TO: 1) IMPROVED SCHOOL ENGAGEMENT; 2) IMPROVED SCHOOL PERFORMANCE; 3) SETING PERSONAL, EDUCATIONAL, AND CAREER GOALS; AND 4) ESTABLISHING EDUCATIONAL ASPIRATIONS BEYOND HIGH SCHOOL. GIMD'S PROGRAMS ARE DELIVERED YEAR-ROUND, THROUGH ON-SITE (CENTE-BASED) PROGRAMS, AND OFF-SITE (SCHOOL DAY, OUTSIDE OF SCHOOL TIME (OST), AND SUMMER, IN PARTNERSHIP WITH SCHOOLS AND COMMUNITY ORGANIZIONS. PROGRAM SARE DELIVERED YEAR-ROUND, THROUGH ON-SITE (CAREER EXPLORATION AND COLLEGE SUCCESS: THESE PROGRAMS PROVIDE EARLY AND VARIED CAREER EXPOSURE TO TERM GIRLS THROUGH PROGRAM TRACKS INCLUDING STEM, CIVIC LEADERSHIP, AND ENTREPRENEURSHIP. PROGRAMS SUPPORT AND EMPOWER GIRLS AND FARMILIES TO PLAN AND PREPARE FOR, SUCCESSFULLY TRANSITION INTO, AND ACCESS RESOURCES NEEDED TO COMPLETE COLLEGE. THROUGH ONE-ON-ONE SUPPORT, GIRLS ARE CONNECTED TO RESOURCES INCTUDING STEM, CIVIC LEADERSHIP, AND ENTREPRENEURSHIP. PROGRAMS SUPPORT AND EMPOWER GIRLS AND FARMILIES TO PLAN AND PREPARE ASPIRATIONS. CAREER PROGRAMS BEGIN IN MIDDLE SCHOOL AND CONTINUE WITH COLLEGE. THROUGH ON-ONE SUPPORT, GIRLS ARE CONNECTED TO RESOURCES NETWORKS, AND DA</pre> | 4a | (Code:) (Expenses \$1,023,067. including grants of \$) (Revenu | | |
| 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) ENGAGE 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. b (code | | | | |
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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 |
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| | Form 990 (2 | 2023) | GIRLS | INCORPORATED |
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| 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 |
| 0 - | Part V, line 1 | 34 | | X X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | _ ^_ |
| 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 | Section 501(c)(3) organizations. 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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| 222004 | 1 | | | (_320) |

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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 | | | |
| F - | 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) |
|-----------------|
|-----------------|

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 | | | - |
| | | ~ | 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 1 990 | |

| 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 990 (2023) |
| 332007 12-21-23 | | | | | | - | | | | 10111 330 (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 |
| 3 Did the organization list any former 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 | | | | | | | | | * | | | |
| Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | 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 990 (; | 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) | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) 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 7b 8,74 Gain or (loss) 7c 64,05 | | | | | |
| | | . , | | 66,136. | | | 66,136. |
| er R | | Net gain or (loss) Gross income from fundraising events (not | | 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 | _{8b} 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 | | | | |
| | | Net income or (loss) from gaming activities Gross sales of inventory, less returns | 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 990 (2023) |
| JJ200 | 9 12-2 | 1-20 | | 9 | | | . 0111 000 (2023) |

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Part IX Statement of Functional Expenses

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

| 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 990 (202 |

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10 2023.05060 GIRLS INCORPORATED OF METRO 30972_1

13330303 600550 30972

29

30 31

32

33

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

3

4

6

| Form | 990 (2023) GIRLS INCORPORATED OF METRO DENVER | 74- | 2277668 | Pa | ge 12 |
|------|-------------------------------------------------------------------------------------------------------------------|----------|---------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 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)([.] | 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 se | 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 | | Type I. A supporting orga | | | | | - | | - | <i>r</i> aivina |
| | | the supported organization | - | - | | • | | | | |
| | | organization. You must c | | • • • • | | , , | | | | 11 5 |
| b | | Type II. 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 | v . | | |
| 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) |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 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) | (a) 2019 | (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) 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 stor | - 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 stop here. 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 stop here | | | | · | | |
| 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 | 33 1/3% support tests - 2023. If the | | | | | | 17 is not |
| | more than 33 1/3%, check this box a | | | | | | L |
| b | 33 1/3% support tests - 2022. 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.)

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Schedule A (Form 990) 2023

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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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | |
| | supervised, or controlled the supporting organization. | 2 | |
| Sec | tion C. Type II Supporting Organizations | | |
| | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | |

| 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

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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.

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13330303 600550 30972

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

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| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations _{(continu} | 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 Part VI) | | 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

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| | 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 \ |
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| 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

| 2 Aggregate valid 3 Aggregate valid 4 Aggregate valid 5 Did the organitiare the organitiare the organition 5 Did the organition 6 Did the organition 6 Did the organition 7 Constitute 9 Part II 1 Purpose(s) of Preservation 2 Complete linearity of the tax a Total number of contained a preservation b Total acreage c Number of contained a historic s | 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 |
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| 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 | | • | <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 2 |
|----------|---------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-------------------|---------------|-------------|------------------|-------------------|----------------|--------------|
| 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 f t | | | | | |
| 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 | (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 | | (d) 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 | | ⊥• | т, эу | υ,/ | 43. |
| | Leasehold improvements | | on | 6 624 | 60 | 6 75 | | 10 | 0 0 | 7/ |
| | Equipment | | 82 | 6,624. | 69 | 6,75 | v • | 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 990) | 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 ⁻ 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 | b) Book value b) 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, co art X Other Liabilities Complete if the organization answered "Yes" | 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) 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 | 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) 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 | |
| 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) | 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) 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 | |
| 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, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, | 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) (a) 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) | 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) 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 | |

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Schedule D (Form 990) 2023

| _ | edule D (Form 990) 2023 GIRLS INCORPORATED OF METH | | | | 2277668 Page 4 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------|--------------------|-----------------------------------------------------|
| 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 4a and 4b | | | 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> | | | | _ - | |
| 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 ^{a.} | h Expenses per | Retu | irn |
| P 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 ^{a.} | 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
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 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. |
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| | | on is registered or licensed to solicit | | | s or has been notifie | d it is | exempt from | | 5,650. |
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| | 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) 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 | | | | |
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| 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) | | | | |
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| | | | | | | | 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 | |
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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) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|---------------------------------|-----------------------------|---------------------------------------|--------------------------------------------------------------|---------------------------------------|
| | | | | | |
| CHOLARSHIPS | 28 | 115,975. | 0. | | |
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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