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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

▶ 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. ax year beginning SEP 1, 2021 and ending AUG 31,

Open to Public Inspection

В	Check if applicable:	C Name of organization		D Employer identific	cation number			
	Address							
H	change			74-22776	68			
F	change Initial return	Doing business as Number and street (or P.0. box if mail is not delivered to street address) F	Room/suite	E Telephone number				
F	Final return/	1499 JULIAN ST	ioon/suite	303-893-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 3,531,983.				
	Amende			H(a) Is this a group return				
	Application	F Name and address of principal officer. Editable 111 GANDINER		for subordinates				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
Τ.	Tax-exe	npt status: X 501(c)(3)	r 527		list. See instructions			
J	Website	:▶ WWW.GIRLSINCDENVER.ORG		H(c) Group exemption	n number 🕨			
		rganization: X Corporation Trust Association Other	L Year	of formation: 1983 N	1 State of legal domicile: CO			
Pá		Summary						
é	1 5	riefly describe the organization's mission or most significant activities: TO IN	ISPIRE	ALL GIRLS	TO BE			
Governance	-	TRONG, SMART, AND BOLD.						
/ern		rheck this box if the organization discontinued its operations or dispos		1 1	sets. 27			
છું		lumber of voting members of the governing body (Part VI, line 1a)		3	26			
∞ ′°		lumber of independent voting members of the governing body (Part VI, line 1b)			54			
ţį		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			561			
Activities &		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.			
¥		let unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	51	et differated business taxable income from 1 offi 330-1,1 art i, line 11		Prior Year	Current Year			
•	8 0	ontributions and grants (Part VIII, line 1h)		3,600,751.	2,692,516.			
nue		rogram service revenue (Part VIII, line 2g)		19,274.	72,190.			
Revenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)		211,560.	426,238.			
ď		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,265.	16,819.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,863,850.	3,207,763.			
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		74,167.	65,010.			
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,924,603.	2,112,330.			
)Su	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25)	78.					
Ш	17 (ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		727,614.	869,048.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,726,384.	3,046,388.			
	19 F	evenue less expenses. Subtract line 18 from line 12		1,137,466.	161,375.			
s or			Be	ginning of Current Year	End of Year			
sset Bala	20 T	otal assets (Part X, line 16)		9,511,773.	8,498,789.			
Net Assets Fund Balanc	21 T	otal liabilities (Part X, line 26)		150,910. 9,360,863.	158,257. 8,340,532.			
		let assets or fund balances. Subtract line 21 from line 20		3,300,003.	0,340,332.			
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is			
		and complete. Declaration of preparer (other than officer) is based on all information of whi			, Knowledge and Bollol, it lo			
	1	Cliraboth T. Gardner		2.8.23				
Sig	n	Signature of officer		Date				
Her		ELÍZABETH GARDNER, BOARD CHAIR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		oate Check	PTIN			
Pai		OUGLAS A BARR, CPA DOUGLAS A BARR,	CPA 0	2/06/23 if self-employe	P00474175			
		Firm's name RYAN, GUNSAULS & O'DONNELL, LLC		Firm's EIN ▶	45-5297192			
Use	Only	Firm's address 5590 E. YALE AVE. SUITE 201			0 850 5550			
		DENVER, CO 80222		Phone no. 30	3-758-5558			
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No			

4d Other program services (Describe on Schedule O.)

(Expenses \$\text{ including grants of \$}\tag{Revenue \$}

le Total program service expenses ► 2,758,037.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	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			.
_	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? If "Yes," complete			x
•	Schedule D, Part III	8		Α_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V 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	21	
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
14a	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			.
4-	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	4-		X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		22
17	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	- ' '		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) GIRLS INCORPORATED OF METRO DENVER Part IV Checklist of Required Schedules (continued)

			V	N			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No			
	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						
	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			. v			
	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b					
·	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					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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%			X			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26					
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
	"Yes," complete Schedule L, Part IV						
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV						
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			7.7			
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			177			
	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Х			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335					
	If "Yes," complete Schedule R, Part V, line 2	36		Х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х				
Pai	·						
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 54									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	Х							
	any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01	v							
_	were not tax deductible?	6b	X							
7	Organizations that may receive deductible contributions under section 170(c).			Х						
a	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		1						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year	70								
e	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?									
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
L	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
_	Enter the amount of reserves on hand 13c									
		14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u></u>						
15	. 10									
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
•	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26									
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		X						
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	6 Did the organization have members or stockholders?									
7a	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		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	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		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	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	Х							
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							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37							
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v						
	taxable entity during the year?	16a		X						
р	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	401-								
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17 10	List the states with which a copy of this Form 990 is required to be filed ►CO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (section 501(c)(3))	e only) avail	able						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	o orny	, avalla	aDIE						
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial							
13	statements available to the public during the tax year.	u midi	icial							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	REILLY SANBORN - 303-893-4363									
	1499 JULIAN ST, DENVER, CO 80204									

Form **990** (2021)

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

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, 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.

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle cer an	ss pe	rson i	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SONYA ULIBARRI	40.00	١.,		,,				100 101	0	0
PRESIDENT AND CEO	2 00	Х		Х				109,121.	0.	0.
(2) ELIZABETH GARDNER	2.00	ļ ,,		,,					0	0
CHAIR	1 2 00	Х		Х				0.	0.	0.
(3) LORI PALAZZOLO	2.00	Į.,		7.7				0.	0.	^
TREASURER	2 00	Х		Х				0.	0.	0.
(4) DR. JOAN FOSTER	2.00	x		х				0.	0.	0.
(5) STACEY BLEDSOE	1.00	^		Δ				0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(6) MARIZA BONILLA	1.00	^						0.	· ·	
DIRECTOR	1.00	X						0.	0.	0.
(7) KELLY CONDON	1.00	122						0.	•	
DIRECTOR	1.00	x						0.	0.	0.
(8) JACKIE DEVINE	1.00							0.		
DIRECTOR		X						0.	0.	0.
(9) JENNIFER FISHER	1.00	<u> </u>								
DIRECTOR		x						0.	0.	0.
(10) KAYLA GARCIA	1.00							-		
DIRECTOR		X						0.	0.	0.
(11) BARBARA GREGORICH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DJUANA HARVELL, PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PAUL LOPEZ	1.00									
DIRECTOR		X						0.	0.	0.
(14) AMY LYNCH	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JILL MANT	1.00									
DIRECTOR		Х						0.	0.	0.
(16) LAURA MERSMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) STACEY OHLSSON	1.00	l							_	_
DIRECTOR		Х						0.	0.	0. Form 990 (2021)

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Page **8**

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	١,,		Posi	ition			Reportable	Reportable	[Estimate	ed
	hours per	box	, unle	heck ss pe	rson	is bot	h an	compensation	compensation		amount	
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	со	mpensa	ation
	hours for	or director	a)			rted		organization	(W-2/1099-MISC/		from th	
	related	stee	ruste			bens		(W-2/1099-MISC/	1099-NEC)		rganizat	
	organizations below	lal tru	onal t		loye	E com		1099-NEC)			nd relat	
	line)	In divid ual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizati	ons
(18) GRIFFEN O'SHAUGHNESSY	1.00	트	드	0	황	포늄	굔			+		
DIRECTOR	1.00	x						0.	0			0.
(19) SIMONE ROSS	1.00							1		1		
DIRECTOR		х						0.	0	0.		0.
(20) EDWARD SAWYER	1.00											
DIRECTOR		Х						0.	0	•		0.
(21) BIJAL SHAH	1.00											
DIRECTOR		Х						0.	0	•		0.
(22) KRISTINE STRAIN	1.00											
DIRECTOR		Х						0.	0	•		0.
(23) CORI STREETMAN	1.00								_			_
DIRECTOR	1 00	Х						0.	0	•		0.
(24) MICHELLE SUNIGA	1.00	,,							_			0
(25) CRISTINA URIBE REYES	1.00	Х			_			0.	0	•		0.
DIRECTOR	1.00	X						0.	0			0.
(26) MARCELLE WALL	1.00							-		╫		••
DIRECTOR		x						0.	0			0.
1b Subtotal	1b Subtotal • 109,121. 0.							•		0.		
c Total from continuation sheets to Part VI							•	0.	0	•		0.
d Total (add lines 1b and 1c)							•	109,121.	0	•		0.
2 Total number of individuals (including but n							no r	received more than \$100	,000 of reportable		,	
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,			кеу е	empl	loye	e, o	r hi	ghest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su												Х
and related organizations greater than \$150Did any person listed on line 1a receive or a										4		_ A
rendered to the organization? If "Yes," com	•				•			•		. 5		х
Section B. Independent Contractors	picte dericaui	C 0 1	01 30	JOH J	pers	3011						
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100.000 of compe	nsatior	from	
the organization. Report compensation for	-	-										
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	Comp	ensatio	n
										_		
2 Total number of independent continues of	noludina but :	O+ 15	mit -	d +-	+h -	00 !"	nt c	d abova) who received to	oro than			
2 Total number of independent contractors (i \$100,000 of compensation from the organic		IOL II	ше	u lO		se II: 0	sie(u abovej wno received n	IOIE IIIAII			

132008 12-09-21

Form **990** (2021)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 GIRLS IN	CORPORA	rei) ()F	M	STE	<u> </u>	DENVER	74-227	7668
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that	ı app	oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Institutional frustee Officer		Key employee Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) THERESA DONNELLY PAST CHAIR	1.00	x						0.	0.	0
THE CHILL										
		L								
		\vdash		\vdash	_		\vdash			
				L						
otal to Part VII, Section A, line 1c										

Pa	rt V	1111			and the Halla David VIIII			
			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts	1	a	Federated campaigns 1a	129,369.				
iran Sun			Membership dues 1b					
s, G			Fundraising events 1c	181,960.				
Sift lar /			Related organizations 1d					
imi		е	Government grants (contributions) 1e	117,260.				
rior S S		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts				<u> 263,927.</u>				
ont nd (_	Noncash contributions included in lines 1a-1f 1g \$		2 602 516			
<u>a</u>		h	Total. Add lines 1a-1f	·	2,692,516.			
_			MEMBER DIEC AND DROCEA	Business Code 900099	72,190.	72,190.		
Program Service Revenue	2		MEMBER DUES AND PROGRA	900099	12,190.	12,190.		
Ser		b						
an Ver		c d						
Be		e						
Pro		_	All other program service revenue					
			Total. Add lines 2a-2f		72,190.			
	3		Investment income (including dividends, interes					
			other similar amounts)	>	363,193.			363,193.
	4		Income from investment of tax-exempt bond pr					
	5		Royalties					
	_		(i) Real	(ii) Personal				
			Gross rents 6a 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 294,759.	25,000.				
		b	Less: cost or other basis					
nue			and sales expenses 7ь 256,714.	0.				
Revenue		С	. ,	25,000.		62.045		
er R			Net gain or (loss)		63,045.	63,045.		
Othe	8	а	Gross income from fundraising events (not including \$ 181,960 • of					
O			including \$ 181,960 • of contributions reported on line 1c). See					
			Part IV, line 18 8a	20,835.				
		b	Less: direct expenses 8b	67,506.				
					-46,671.			-46,671.
			Gross income from gaming activities. See	-				
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		L-	and allowances 10a Less: cost of goods sold 10b					
			J					
_			Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	а	BOLD BEANS	900099	61,627.	61,627.		
ane		b	MISCELLANEOUS AND OTHE	900099	1,863.	1,863.		
cell eve		С						
Mis		d	All other revenue		62 122			
		е	Total. Add lines 11a-11d		63,490.	100 705		216 522
	12		Total revenue. See instructions)	3,207,763.	198,725.	0.	316,522.

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 n	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	65,010.	65,010.		
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				
	Compensation of current officers, directors,	100 101	0.4.00.4	6 001	5 0.67
	trustees, and key employees	109,121.	94,924.	6,231.	7,966
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 655 006	4 440 400	0.4 5.40	400 000
	Other salaries and wages	1,655,826.	1,440,403.	94,548.	120,875
	Pension plan accruals and contributions (include	40 505	25 400	0 000	0 050
	section 401(k) and 403(b) employer contributions)	40,795.	35,488.	2,329.	2,978
	Other employee benefits	186,572.	162,299.	10,653.	13,620
10	Payroll taxes	120,016.	104,299.	6,834.	8,883
	Fees for services (nonemployees):				
а	Management				
b	Legal	1.5 1.00	1 - 40 -		
С	Accounting	16,100.	15,685.	233.	182
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	7,396.	7,204.	109.	83
12	Advertising and promotion	44,869.	43,797.	604.	468
	Office expenses	12,142.	11,820.	182.	140
14	Information technology	28,890.	28,109.	440.	341
15	Royalties				
16	Occupancy	101,766.	99,195.	1,449.	1,122
17	Travel	19,271.	19,225.	26.	20
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	242,909.	236,723.	3,486.	2,700
23	Insurance	44,040.	42,929.	626.	485
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
	PROGRAM ACTIVITIES	283,366.	283,366.		
	COST OF SALES	21,469.	21,469.		
	PROFESSIONAL DEVELOPMEN	20,929.	20,551.	213.	165
d	PUBLICATIONS, DUES AND	16,965.	16,830.	76.	59
е	All other expenses	8,936.	8,711.	134.	91
25	Total functional expenses. Add lines 1 through 24e	3,046,388.	2,758,037.	128,173.	160,178
26	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)				

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Pa	πχ	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,461,308.	1	888,448
	2	Savings and temporary cash investments		364,752.	2	484,434
	3	Pledges and grants receivable, net		25,657.	3	204,101
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia	contributor, or 35%			
		controlled entity or family member of any of these per	sons		5	
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		4,360.	8	3,669
⋖	9	Prepaid expenses and deferred charges		26,534.	9	40,320
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	5,677,715.			
	b	Less: accumulated depreciation 10b	3,406,821.	1,893,554.	10c	2,270,894
	11	Investments - publicly traded securities		5,710,022.	11	4,592,390
	12	Investments - other securities. See Part IV, line 11 \dots		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		25,586.	15	14,533
	16	Total assets. Add lines 1 through 15 (must equal line		9,511,773.	16	8,498,789
	17	Accounts payable and accrued expenses		141,310.	17	158,257
	18	Grants payable	0 600	18		
	19	Deferred revenue		9,600.	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I'			21	
es	22	Loans and other payables to any current or former of				
Liabilities		trustee, key employee, creator or founder, substantia				
<u>.</u>		controlled entity or family member of any of these per			22	
	23	Secured mortgages and notes payable to unrelated t			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2	4). Complete Part X			
		of Schedule D		150,910.	25	158,257
	26	Total liabilities. Add lines 17 through 25		130,910.	26	130,237
es		Organizations that follow FASB ASC 958, check he	ere 🚩 🔼			
Š	0.7	and complete lines 27, 28, 32, and 33.		6,113,955.	27	5,078,829
3ali	27	Net assets without donor restrictions		3,246,908.	28	3,261,703
<u></u>	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, c		3,240,300.	20	3,201,703
Ξ			leck liefe			
ō	20		1		29	
ets					30	
Ass					31	
<u>et</u>				9.360.863.	32	8,340,532
Z	1				33	8,498,789
Net Assets or Fund Balances	29 30 31 32 33	and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipm Retained earnings, endowment, accumulated income Total net assets or fund balances Total liabilities and net assets/fund balances	ent fund , or other funds	9,360,863. 9,511,773.	3	31 32

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2021)

За

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization GIRLS INCORPORATED OF METRO DENVER 74-2277668 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1729736.	2228178.	1814371.	3720024.	2764706.	12257015.
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	1500526	0000170	1014251	2700004	0004000	10055015
	Total. Add lines 1 through 3	1729736.	2228178.	1814371.	3720024.	2764706.	12257015.
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)						10057015
	Public support. Subtract line 5 from line 4.						12257015.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017 1729736.	(b) 2018 2228178.	(c) 2019 1814371.	(d) 2020 3720024.	(e) 2021	(f) Total 12257015.
	Amounts from line 4	1/29/30.	2220170.	10143/1.	3/20024.	2/04/00.	1223/013.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	280 722	166 967	150 500	244,602.	363,193.	1214972.
•	and income from similar sources	200,722.	100,007.	139,300.	244,002.	303,193.	12149/20
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	21,847.	83,928.	53,680.	33,873.	79 864.	273,192.
11	Total support. Add lines 7 through 10	21/01/0	03/3201	3370001	3373731		13745179.
12		oto (soo instructi	one)			12	137131734
	First 5 years. If the Form 990 is for the	· ·		fourth or fifth tax			
10	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (column (f))		14	89.17 %
	Public support percentage from 2020					15	90.52 %
	33 1/3% support test - 2021. If the o					nore, check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			> □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to			=	·		
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circ	umstances test. Ti	ne organization qu	alifies as a publicly	y supported organ	ization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	ıs ▶

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
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.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst second third	fourth or fifth tax	vear as a section	I 501(c)(3) organizat	ion
••		· ·			•	. , . ,	▶ □
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage for 2021 (iii					16	
	ction D. Computation of Inves					1 10 1	70
17						17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the						
196	more than 33 1/3%, check this box ar						17 13 1101
L	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i intato roundationi il tile organization	i ala not onech a		a, or rob, oriect t	THE DOT WHO SEE III	J. 40110113	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV Su	pporting Organizations (continued)			
	•			Yes	No
11	Has the org	ganization accepted a gift or contribution from any of the following persons?			
а		tho directly or indirectly controls, either alone or together with persons described on lines 11b and			
		the governing body of a supported organization?	11a		
b		ember of a person described on line 11a above?	11b		
	•	trolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Pa		11c		
Sec		rpe I Supporting Organizations			
				Yes	No
1	Did the gov	verning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supp	orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		operated, supervised, or controlled the organization's activities. If the organization had more than one supported in, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	v providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sec		/pe II Supporting Organizations			
		,,		Yes	No
1	Were a ma	ority of the organization's directors or trustees during the tax year also a majority of the directors			110
		of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ment of the supporting organization was vested in the same persons that controlled or managed			
	_	ted organization(s).	1		
Sec		I Type III Supporting Organizations			
				Yes	No
1	Did the ord	anization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	_	n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		n's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_		n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ation maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū		voice in the organization's investment policies and in directing the use of the organization's			
	-	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		organizations played in this regard.	3		
Sec		rpe III Functionally Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		organization satisfied the Activities Test. Complete line 2 below.	•		
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
c		organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		est. Answer lines 2a and 2b below.		Yes	No
a		ntially all of the organization's activities during the tax year directly further the exempt purposes of			
		ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
b		ivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in			
		ties but for the organization's involvement.	2b		
3		supported Organizations. Answer lines 3a and 3b below.			
а		anization have the power to regularly appoint or elect a majority of the officers, directors, or			
	_	each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		anization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

21	GIRLS	INCORPORATED	OF	METRO	DENVER	74-2277668	Page 6
on-Functionally Integrated 509(a)(3) Supporting Organizations							

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

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	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	e		
•	(provide details in Part VI). See instructions.	no organization to responsiv		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line 9 amount	/:\	/::\	10	/:::\
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
÷					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Part VI	Supplemental Information Describe the evaluations required by Dark II like 10. Dark II like 175 or 176. Dark III like 10.
T GIT VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2021)

OMB No. 1545-0047

Name of the organization

GIRLS INCORPORATED OF METRO DENVER

Employer identification number

74-2277668

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

GIRLS INCORPORATED OF METRO DENVER

74-2277668

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE DENVER FOUNDATION 55 MADISON ST 8TH FLR DENVER, CO 80206	- - - - * 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMCAST FOUNDATION 1 COMCAST CENTER 49TH FLR PHILADELPHIA, PA 19103	_ _ \$\$6,500. _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BUELL FOUNDATION 1873 S BELLAIRE ST STE 600 DENVER, CO 80222	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PEIERLS FOUNDATION 73 S HOLMAN WAY GOLDEN, CO 80401	- \$\$102,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COLORADO HEALTH FOUNDATION 1780 PENNSYLVANIA ST DENVER, CO 80203		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CARING FOR COLORADO 1635 W. 13TH AVENUE, SUITE 303 DENVER, CO 80204	- \$\$76,000.	Person X Payroll

Name of organization

Employer identification number

GIRLS INCORPORATED OF METRO DENVER

74-2277668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	CARING FOR DENVER 1035 OSAGE ST, 8TH FLOOR DENVER, CO 80204	\$ 75,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	MILE HIGH UNITED WAY		Person X				
	711 PARK AVE W DENVER, CO 80205	\$ 81,250.	Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	DANIELS FUND 101 MONROE ST DENVER, CO 80205	\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	TEMPLE HOYNE BUELL 1873 S BELLAIRE ST STE 600 DENVER, CO 80222	\$ 66,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11	BOEING 3800 N. LEWISTON ST., #100 AURORA, CO 80011	\$ 205,255.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization Employer identification number

GIRLS INCORPORATED OF METRO DENVER

74-2277668

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Employer identification number

Name of organization

74-2277668 GIRLS INCORPORATED OF METRO DENVER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization

GIRLS INCORPORATED OF METRO DENVER

Employer identification number 74-2277668

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	d in donor advised fun	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grar	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribut	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	•			2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	rminated by the orgar	nization during the tax
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting,		d onforcing concernati	
6	Stan and volunteer flours devoted to florintoning, inspecting,	manuling of violations, and	demorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcing conservation ea	esements during the year
•	\$ \$ \$	and crite	ording conservation ca	decine its during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr		=	
	organization's accounting for conservation easements.	J		
Par	t III Organizations Maintaining Collections o	f Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, o	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or i	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	SC 958 relating to these it	tems:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

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Pai	t III Organizations Maintaining C	ollections of A	rt, Historical Tı	reasures, o	r Other	Similar	Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	make sig	nificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizatio	n's exem _l	pt purpose	in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or othe	r similar a	ssets		_		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			. L	Yes	N	lo
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pai	•	ete if the organization	on answered "	Yes" on F	orm 990, F	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other ass	sets not in	ncluded				_
	on Form 990, Part X?		•					Yes	\square N	0
b	If "Yes," explain the arrangement in Part XIII									
	gg							Amount		_
С	Beginning balance					1c				_
	Additions during the year					1d				_
	Distributions during the year					1e				_
	Ending balance					1f				_
	Did the organization include an amount on F							Yes	□ N	lo
	If "Yes," explain the arrangement in Part XIII.				•					
Pai										_
	•	(a) Current year	(b) Prior year	(c) Two years			s back	(e) Four	years bac	k
1a	Beginning of year balance	5,876,857.	4,895,711	4,691	,303.	4,832	,435.	4,	585,41	6.
	Contributions	74,943.	50,000	. 21	,261.	30	,000.		125,00	0.
	Net investment earnings, gains, and losses	-748,688.	1,130,037	. 492	,365.	23	,450.		369,09	9.
	Grants or scholarships									_
	Other expenditures for facilities									_
	and programs	294,759.	172,356	. 286	,475.	171	,633.		223,56	0.
f	Administrative expenses	26,783.	26,535	. 22	,743.	22	,949.		23,52	0.
	End of year balance	4,881,570.	5,876,857	4,895	,711.	4,691		4,	832,43	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (·					_
а	Board designated or quasi-endowment	47.0000	%	. ,,						
	Permanent endowment ► 53.0000	%	_							
		 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation that are held a	and administer	ed for the	e organizati	ion			
	by:	ŭ				Ü		Γ	Yes N	<u> </u>
	(i) Unrelated organizations							3a(i)	Х	_
	(ii) Related organizations								Х	_
b	If "Yes" on line 3a(ii), are the related organiza									_
4	Describe in Part XIII the intended uses of the									_
Pai	t VI Land, Buildings, and Equipm									_
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o		t or other		umulated		(d) Book	value	_
		basis (investn	,	(other)	аерге	eciation		12/	206	<u> </u>
	Land			34,286. 9,215.	2 77	16 721			1,286	
	Buildings		4,01	.J, 413.	4,/(06,731	- •	1,912	,404	•
	Leasehold improvements			24,214.	7/	00 000	\leftarrow	22/	1 1 2 4	_
	Equipment		94	14, 4 14.	/ (00,090	' • 	444	,124	•
	Other		V and many (D) "	10-)			+	2,270	N Q Q /	_
ıota	Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	∧, column (B), line	1UC.)		P		D (Form		

Schedule D (Form 990) 2021 GIRLS INCORE Part VII Investments - Other Securities.	PORATED OF ME	IIIO DENVER /4	-2277668 Page
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives	. ,	,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D+ IV/ II	44 d O - 5 Farms 000 Part V line 45	
Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	/		1
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1 (a) Description of liability	, ,	, ,	(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	. ▶

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

Part XI	Recond	iliation of	Revenue pe	r Audited	Financial	Statements	With	Revenue pe	r Return.

Pai	T XI Reconciliation of Revenue per Audited Financial State	ements Wi	tn Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,208,476.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-1,181,706.		
b	Donated services and use of facilities	2b	1,114,913.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-66,793.
3	Subtract line 2e from line 1			3	3,275,269.
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	-67,506.		
С	Add lines 4a and 4b			4c	-67,506.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,207,763.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				4 000 005
1	Total expenses and losses per audited financial statements				4,228,807.
2				_	4,220,007
а	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	4,220,007.
u	Donated services and use of facilities	2a	1,114,913.	1	4,220,007.
b	• • •	2a		1	1,220,007.
	Donated services and use of facilities	2a 2b 2c	1,114,913.		1,220,007.
b	Donated services and use of facilities Prior year adjustments	2a 2b 2c			
b	Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1,114,913.		1,182,419.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,114,913.		
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,114,913.	2e	1,182,419.
b c d e	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	2a 2b 2c 2d	1,114,913.	2e	1,182,419.
b c d e 3	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	1,114,913.	2e	1,182,419.
b c d e 3 4 a b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	67,506.	2e	1,182,419.

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

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, 2022 AND 2021.

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 2018

THROUGH 2020. 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 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING EVENTS

-67,506.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING EVENTS

67,506.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

Go to www.iis.gov/i offilisso for ilistractions and the latest illioning

Inspection
Employer identification number

GIRLS I	NCORPORATED OF MET	'RO	DEN	VER	74-2277	668
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	sed funds through any of the following and solicitates and solicitates are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated and solicitated and solicitated are solicitated and sol	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
POINT B(E) STRATEGIES, LLC -		Yes	No			
445 N. BROADWAY, SUITE 605,	GRANT WRITING	Х		1,086,232.	31,200.	1,055,032.
				1,086,232.	31,200.	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from r	egistration
CO						

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Schedule G (Form 990) 2021

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

SEE PART IV FOR CONTINUATIONS

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1 MY BOLD FUTURE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ine			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	202,795.			202,795.
	2	Less: Contributions	181,960.			181,960.
	3	Gross income (line 1 minus line 2)	20,835.			20,835.
	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	67,506.			67,506.
	10	, ,			>	67,506.
D-		Net income summary. Subtract line 10 from I				-46,671.
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						1 7 3 ()
Ä	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		garming moome sammary. Subtract line /				1
9	En	ter the state(s) in which the organization condi	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

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	4-22//000 Page
11 Does the organization conduct gaming activities with nonmembers?	Yes I
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes 🔲 ı
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name ▶	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes I
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶\$	nt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address ►	
16 Gaming manager information:	
Name ▶	
Name P	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	П., П.
retain the state gaming license?	Yes I
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9, 9b, 10
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
/T\ NAME OF BUNDDATGED. DOTAM D/E\ GEDAMEGIEG. II.G	
(I) NAME OF FUNDRAISER: POINT B(E) STRATEGIES, LLC	
(I) ADDRESS OF FUNDRAISER: 445 N. BROADWAY, SUITE 605, DENVER	a, CO 80203

Schedule G	(Form 990)	GIRLS	INCORPORATED	OF	METRO	DENVER	74-2277668 Page 4
Part IV	(Form 990) Supplemental I	nformation (co	ntinued)				<u> </u>
		•	,				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization								Employer identification number
D 11 D 11			OF METRO I	DENVER				74-2277668
	nformation on Grants a							
	zation maintain records award the grants or assi							
2 Describe in Part	IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	ed States.			
Part II Grants an	d Other Assistance to hat received more than	Domestic Organi	izations and Domest	ic Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
-								
	per of section 501(c)(3) a			he line 1 table	<u> </u>		1	<u> </u>
3 Enter total numb	er of other organization	is listed in the line	ı labie					

(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
CCHOLARSHIPS	20	65,010.	. 0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS RECORD	S TO SUBS	TANTIATE T	HE AMOUNT	OF THE	
GRANTS, THE GRANTEES' ELIGIBILITY	FOR THE	GRANTS, AN	ID THE SELE	CTION	
CRITERIA USED TO AWARD THE GRANTS	•				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2021
Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF METRO DENVER

Employer identification number 74-2277668

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

A 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.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization GIRLS INCORPORATED OF METRO DENVER	Employer identification number 74-2277668
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	ON ITS WEBSITE,
WWW.GIRLSINCDENVER.ORG, ON GUIDESTAR'S WEBSITE, WWW.GUIDE	STAR.ORG, AND UPON
REQUEST.	_
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
THE TROUBD MAD NOT CHANGED TROP TRIOR TERM.	