Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury

		iue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		—	Inspection						
<u>A</u> _	For the	e 2023 c	alendar year, or tax year beginning , and ending	–								
В	Check if a	applicable:	C Name of organization D Employer identification number									
	Address of	change	GIRLS INCORPORATED OF WAYNE COUNTY									
一	Name cha	ango	Doing business as	23	3-7	188644						
닏	mante Cha	uiye	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Tel	lephone	e number						
$\mathbf{-}$	Initial retur		1407 S 8TH ST	1 76	<u>5-5د</u>	<u>962-2362</u>						
	Final retur terminated		City or town, state or province, country, and ZIP or foreign postal code	1								
			RICHMOND IN 47374	G Gro	oss rec	eipts \$ 557,268						
닏	Amended	return	F Name and address of principal officer:	_								
Ш	Application	n pending	TAI MULDOON H(a) Is this a	group retu	ırn for s	subordinates? Yes X No						
			1407 S 8TH STREET H(b) Are all s	subordinat	tes incl	luded? Yes No						
				io," attach	ı a list.	See instructions						
_	Toy over	npt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527									
÷		•	TED CENTRALIBUE ODG									
<u>J</u>	Website:											
		organization:		<u> 1969</u>		M State of legal domicile: IN						
F	art I		ımmary									
	1 E	Briefly de	scribe the organization's mission or most significant activities:									
ø	l .	SEE	SCHEDULE O									
JE.	Ι.											
Governance												
ove.	2 (Check thi										
	3 1		of anti-annual area of the annual include (Bart M. Francis)	- 1	3	18						
∞ ″			of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)	···· -	4	18						
Activities	-	Tatal asses	shar of individuals completed in color decreases 9003 (Part V.) line 90)	···· -	5	35						
ξ			nber of individuals employed in calendar year 2023 (Part V, line 2a)	···· -		0						
Ä			nber of volunteers (estimate if necessary)	⊢	6							
			elated business revenue from Part VIII, column (C), line 12		7a	0						
	1 d	Net unrela	ated business taxable income from Form 990-T, Part I, line 11		7b	0						
			Prior Y			Current Year						
Ф	8 (Contributi	9 , , , , , , , , , , , , , , , , , , ,	30,2		416,057						
Revenue	9 F	Program :	service revenue (Part VIII, line 2g)	79 , 5		131,605						
ě	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,7	97	7,107						
œ	11 (Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,905		2,499						
	1			16,5	56	557,268						
			nd similar amounts paid (Part IX, column (A), lines 1-3)			0						
			paid to or for members (Part IX, column (A), line 4)	-	\Box	0						
			other compensation, employee benefits (Part IX, column (A), lines 5–10)	06,6	41	343,337						
ses			nal fundraising fees (Part IX, column (A), line 11e)	,,,		0						
penses						0						
Exp			· · · · · · · · · · · · · · · · · · ·	E C A	E 4	210 744						
_	17 (Other exp	· · · · · · · · · · · · · · · · · · ·	56,4		219,744						
			* * * * * * * * * * * * * * * * * * * *	63,0		563,081						
	19 F	Revenue		46,5		-5,813						
Net Assets or		-	Beginning of C			End of Year						
sset.	20 7			08,7		911,140						
A P	21 7		ilities (Part X, line 26)	9,0		3,293						
<u>Ž</u> .	22 1			99,6	82	907,847						
P	art II	Si	gnature Block									
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b		ny knc	wledge and belief, it is						
tr	ue, corre	ect, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ge.								
Sig	nr	Signature	e of officer		Date							
He	_	TAT	MULDOON EXECUTIVE DIRECTO	ıR								
110	16		orint name and title									
		<u> </u>	e preparer's name Preparer's signature Date			if PTIN						
Paid	d				Check	□ "						
		NICHOL		9/24	self-em							
	parer	Firm's na		Firm's E	.IN	20-2213517						
USE	Only		PO BOX 200									
		Firm's ad	ddress GREENSBURG, IN 47240-0200	Phone n	10.	812-663-7567						
May	the IR	S discuss	s this return with the preparer shown above? See instructions			X Yes No						

Form 990 (2023) GIRLS INCORPORATED OF WAYNE COUNTY 23-7188644 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 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 X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII **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 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х If "Yes," complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 .

Х

20b

•	Onestinet of Regulate Constants (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	.		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			٦,
	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
_	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	200		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	. 200		
·	"Voc." complete Schodule I. Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 25		
00	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	.		
-	complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	.		
	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	. 38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Щ.
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	1	I

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (conti	nued)			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	35							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X					
3a	Did the assessination have unrelated business areas income of \$4,000 as seem during the unrelated			1 2-		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author									
	a financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?		4a		х				
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 According to the control of									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of									
	gifts were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	6								
	and services provided to the payor?			7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?			7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ict?		7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					Х				
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b									
	and the second section from the second business had been also as force designed to the second			8						
9	Sponsoring organizations maintaining donor advised funds.									
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10)41?		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?					Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	n or								
	excess parachute payment(s) during the year?			15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me?		16		х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	;								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			. 17						
	If "Yes" complete Form 6069.									

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

Sec	tion A. Governing Body and Management				1	Ι				
10	Enter the number of voting members of the governing body at the end of the tax year	1a	18		Yes	No				
1a	If there are material differences in voting rights among members of the governing body, or	ıa_		-						
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain on Schedule O.									
h	Enter the number of voting members included on line 1a, above, who are independent	1b	18							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
-	any other officer director tructon or key employee?			2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct			·· -						
•	gupon isign 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?					х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			-		х				
6	Did the organization have members or stockholders?					х				
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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by									
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			0.6	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					X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal	Revenue	e 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?									
11a										
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			I .	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts	s?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1.0	37					
40	describe on Schedule O how this was done				X					
13	Did the organization have a written whistleblower policy?				X					
14	Did the organization have a written document retention and destruction policy?			14						
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?			150		х				
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			456		X				
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
104	with a tayoble entity during the year?			16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			102						
17	List the states with which a copy of this Form 990 is required to be filed IN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,								
	Own website 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,								
	and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.									
TZ	AI MULDOON 1407 S 8TH STREET									
ъ.	CCUMOND TNI 472'	7 /1	7	65-96	2-2	362				

Form 990 (2023)	GTRT.S	INCORPORATED	OF	WAYNE	COINTY	23-7188644

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Part VII	Compensation of Officers, Dir	rectors, 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	k, unle icer ai	ess pe	r ition more rson i	than one s both ar or/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) TAI MULDOON	40.00									
EVECTOR DIDECTOR	40.00	x		x				61,940	0	0
EXECUTIVE DIRECTOR (2) SHAWNTEL BAKER	0.00	^		^				01,940	0	0
(2) DIMWITHE DAKER	1.00									
BOARD MEMBER	0.00	x						0	0	0
(3) DANIELLE BAUMER										
•	1.00									
BOARD MEMBER	0.00	X						0	0	0
(4) LAURIE CARR										
	1.00									
PRESIDENT	0.00	X		X				0	0	0
(5) PAIGE CROSETT										
	1.00							•		
BOARD MEMBER (6) TAMMY FRANKLAND	0.00	X						0	0	0
(6) IAMMI FRANKLAND	1.00									
BOARD MEMBER	0.00	x						0	0	0
(7) APRIL GOUGH	0.00	^						0	0	0
(i) III RIII GOOGII	1.00									
BOARD MEMBER	0.00	x						0	0	0
(8) MELISSA HELMS										
•	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) ANDREW HOOVER										
	1.00									
SECRETARY	0.00	X		X				0	0	0
(10) DOUG MACIAS										
	1.00							_	_	_
BOARD MEMBER	0.00	X						0	0	0
(11) MICHELLE MALOTT	1 00									
DOADD MEMORED	1.00							_	_	_
BOARD MEMBER	0.00	X						0	0	0

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated I	Employees (continued)			
(A) Name and title	(B) Average hours per week	bo off	x, unle	ess pe	ition more rson i	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated amo of other ompensatio	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	-	from the anization and organization	
(12) MEGAN RIPBERG												
(12) BOARD MEMBER	1.00	x						0	0			0
(13) SAYWARD SALAZ	<u> </u>	 										
(13)	1.00							_				
BOARD MEMBER	0.00	X						0	0			0
(14) JOANN SPURLOC (14)	1.00											
VICE PRESIDENT	0.00	x		x				0	0			0
(15) TYLER STEWART	 									 		
(15)	1.00											
BOARD MEMBER	0.00	X						0	0	 		0
(16) MAGGIE THOMAS (16)	1.00											
BOARD MEMBER	0.00	x						0	0			0
(17) KIMBERLY WALT	 											
(17)	1.00											
BOARD MEMBER	0.00	X						0	0	 		0
(18) ALISON WEBB	1 00											
(18) BOARD MEMBER	1.00	x						0	0			0
(19) BRAD WILSON (19)	1.00											
BOARD MEMBER	0.00	x						0	0			0
1b Subtotal								61,940		 		
c Total from continuation shee								61,940				
d Total (add lines 1b and 1c) Total number of individuals (incl).000 of			
reportable compensation from t	-		0									
3 Did the organization list any for	mer officer direc	tor t	rueto	o ka	w or	nnlov	, ,	or highest compensated		П	Ye	es No
employee on line 1a? If "Yes," of	complete Schedul	le J	for su	ich ii	ndivi	dual					3	х
4 For any individual listed on line organization and related organization	zations greater th	an \$	150,0	000?	If "Y	'es,"	com	plete Schedule J for such			4	x
individual5 Did any person listed on line 1a	receive or accru	e co	 mper	nsatio	on fro	om ai	ny ui	nrelated organization or indiv	idual		7	
for services rendered to the org		s," cc	mple	ete S	chec	lule .	I for	such person			5	<u> </u>
Section B. Independent Contractor1 Complete this table for your five		aata	d ind	0000	dont	cont	rooto	are that received more than	\$100,000 of			
compensation from the organiza												
Name and	(A) business address							Descript	(B) ion of services		(C Compe	C) ensation
										$\overline{}$		
2 Total number of independent co							se li	isted above) who				
received more than \$100,000 o									0			

Form 990 (2023) GIRLS INCORPORATED OF WAYNE COUNTY 23-7188644 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (B) Related or exempt Revenue excluded function revenue from tax under husiness revenue sections 512-514 1a Federated campaigns Gifts, Grants ilar Amounts 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 33,066 1d e Government grants (contributions) f All other contributions, gifts, grants, 382,991 and similar amounts not included above 1f Noncash contributions included in 1<u>g</u> lines 1a-1f h Total. Add lines 1a-1f 416,057 Business Code SIGNATURE EVENT 624100 46,863 46,863 Program Service Revenue 624100 28,375 28,375 PROGRAM FEE 624100 18,070 18,070 SUMMER FOOD 17,791 17,791 624100 624100 9,959 9,959 5K 624100 10,547 10,547 f All other program service revenue 131,605 g Total. Add lines 2a–2f 3 Investment income (including dividends, interest, and 7,107 other similar amounts) 7,107 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7b c Gain or (loss) 7с d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 999999 1,330 1,330 BUILDING RENT 11a 999999 806 806 OTHER INCOME

99999

363

2,499

557,268

363

134,104

7,107

0

APPAREL

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions .

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			o colairii (r.y.	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
_	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		311,499	242,709	49,326	19,464
8	Other salaries and wages Pension plan accruals and contributions (include	311,133	212,703	15,520	13,101
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,008	6,240	1,268	500
10	Payroll taxes	23,830	18,568	3,773	1,489
11	Fees for services (nonemployees):	-	-	•	-
а	Management				
b	Legal				
С	Accounting	22,431		22,431	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	353	2.540	110	353
13	Office expenses	4,400	3,740	440	220
14	Information technology				
15	Royalties	22 056	10 450	1 721	866
16	Occupancy	22,056 7,802	19,459 7,623	1,731 119	60
17	Travel	7,002	7,023	119	00
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	218		218	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,065	35,755	4,207	2,103
23	Insurance	17,796	15,126	1,780	890
24	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 O.)				
а	MISCELLANEOUS	21,405	21,405		
b	SPECIAL EVENTS	19,013	70 770	4.0-	19,013
C	GRANT EXPENSE	14,249	12,112	1,425	712
d	STAFF DEVELOPMENT TRAININ	8,650	8,650	2 025	1 202
e	All other expenses	39,306	34,066	3,937	1,303
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	563,081	425,453	90,655	46,973
_5	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)				

Part X Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any line	in this Part X			
					(A)		(B)
					Beginning of year		End of year
1					100	1	30
2	2 S	avings and temporary cash investments			129,259	2	100,976
3	3 P	ledges and grants receivable, net				3	
4		ccounts receivable, net				4	
5	5 Lo	oans and other receivables from any current or form	ner officer, dire	ector,			
	tro	ustee, key employee, creator or founder, substantial	I contributor, o	or 35%			
	CC	ontrolled entity or family member of any of these per		5			
•		oans and other receivables from other disqualified p					
g		nder section 4958(f)(1)), and persons described in		6			
Assets	7 N	lotes and loans receivable, net		7			
^ 8	8 In	oventories for sale or use			8		
9	9 P	repaid expenses and deferred charges			9		
10		and, buildings, and equipment: cost or other					
	ba	asis. Complete Part VI of Schedule D	10a	852,474			
		ess: accumulated depreciation		226,106	611,842		626,368
11	1 In	nvestments—publicly traded securities			167,538	11	183,766
12	2 In	ovestments—other securities. See Part IV, line 11			12		
1:		vestments—program-related. See Part IV, line 11 .			13		
14		ntangible assets			14		
15	5 O	Other assets. See Part IV, line 11			15		
10	6 T	otal assets. Add lines 1 through 15 (must equal line	e 33)		908,739	16	911,140
17	7 A	ccounts payable and accrued expenses			3,497	17	3,293
18	8 G	Grants payable			18		
19	9 D	Deferred revenue		19			
20		ax-exempt bond liabilities		20			
2	1 E	scrow or custodial account liability. Complete Part IV		21			
တ္က 2	2 Lo	oans and other payables to any current or former of	fficer, director,				
<u>≝</u>	tro	ustee, key employee, creator or founder, substantial	l contributor, o	or 35%			
Liabilities		ontrolled entity or family member of any of these per				22	
ے ₂	3 S	ecured mortgages and notes payable to unrelated the	hird parties		5,560	23	
24	4 U	Insecured notes and loans payable to unrelated third	d parties			24	
2	5 O	Other liabilities (including federal income tax, payable	s to related th	nird			
	pa	arties, and other liabilities not included on lines 17-2	4). Complete	Part X			
		f Schedule D				25	
20		otal liabilities. Add lines 17 through 25			9,057	26	3,293
	0	organizations that follow FASB ASC 958, check	here X				
Ses	aı	nd complete lines 27, 28, 32, and 33.					
Fund Balances	7 N	let assets without donor restrictions			889,710	27	896,955
Ba 28					9,972	28	10,892
밀	0	organizations that do not follow FASB ASC 958,	check here				
	aı	nd complete lines 29 through 33.	ļ				
ဝ 29					29		
Sets 30		aid-in or capital surplus, or land, building, or equipm				30	
Net Assets or	1 R	etained earnings, endowment, accumulated income	, or other fund	ds		31	
절 32	2 T	otal net assets or fund balances			899,682	32	907,847
<u> </u>	3 T	otal liabilities and net assets/fund balances			908,739	33	911,140

Form **990** (2023)

Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?	2b	х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both.								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		.						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х						
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		.						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		.						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b							

Form **990** (2023)

SCHEDULE A

(Form 990)

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.

2008 No. 1545-0047

Open to Public Inspection

Name of the organization

GIRLS INCORPORATED OF WAYNE COUNTY

Pa	art I	Reas	on for Public Charity	Status. (All organizations	s must	complet	e this part.) See instruct	ions.
The	orgar	nization is not a	a private foundation because i	t is: (For lines 1 through 12, checl	k only one	e box.)		
1		A church, cor	nvention of churches, or asso	ciation of churches described in s	section 1	70(b)(1)(A	A)(i).	
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3	П	A hospital or	a cooperative hospital service	organization described in sectio	n 170(b)(1)(A)(iii).		
4	П	A medical res	search organization operated i	n conjunction with a hospital desc	cribed in s	section 1	70(b)(1)(A)(iii). Enter the hospit	al's name,
	_	city, and state	,	,				
5		•		a college or university owned or o	perated b	v a gover	nmental unit described in	
	ш		(b)(1)(A)(iv). (Complete Part I			, 3 .		
6				rernmental unit described in sect i	ion 170(b)(1)(A)(v)		
7	П	=		bstantial part of its support from a	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	_	-	section 170(b)(1)(A)(vi). (Co		J		· .	
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II.)			
9	П	An agricultura	al research organization descr	ibed in section 170(b)(1)(A)(ix)	operated	in conjunc	ction with a land-grant college	
	_	or university of	or a non-land-grant college of	agriculture (see instructions). Ente	er the nan	ne, city, aı	nd state of the college or	
	_	university:						
10	X	An organization	on that normally receives (1) r	more than 33 1/3% of its support	from cont	ributions,	membership fees, and gross	
		•	•	functions, subject to certain exce		` '		
			•	unrelated business taxable incom 1975. See section 509(a)(2). (C	`		1 tax) from businesses	
44			•	clusively to test for public safety.	•	,	\/A\	
11 12	Н	Ü		, , ,		•	,,	
12	Ш	-	•	clusively for the benefit of, to performs described in section 509(a)(1)				
				ribes the type of supporting organ				OOK
	а		<u>-</u>	ated, supervised, or controlled by		•		
	_			r to regularly appoint or elect a m		-		
			• ', '	mplete Part IV, Sections A and				
	b	Type II.	A supporting organization sup-	ervised or controlled in connection	n with its	supported	organization(s), by having	
		control or	management of the supporting	ng organization vested in the same	e persons	that cont	rol or manage the supported	
		organizati	on(s). You must complete F	Part IV, Sections A and C.				
	С			upporting organization operated in				
		\Box	• ,,,	ructions). You must complete Pa				
	d			. A supporting organization opera			•	
				organization generally must satisfy ust complete Part IV, Sections				
	е	_ `	,	ved a written determination from t				
	-			functionally integrated supporting			ype i, Type ii, Type iii	
	f		nber of supported organization		Ü			
	g	Provide the fo	ollowing information about the	supported organization(s).				
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
/4 \					Yes	No		
(A)								
(B)								
(B)								
(C)					-			
(C)								
(D)								
(0)								
(E)								
(-)								
Tota	ı							

GIRLS INCORPORATED OF WAYNE COUNTY 2

23-7188644

Page 2

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization'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							
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	see instructions)				L1	12	
13	First 5 years. If the Form 990 is for the org	janization's first, se	cond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)			_
	organization, check this box and stop here							
Sec	tion C. Computation of Public S							
14	Public support percentage for 2023 (line 6,	column (f) divided b	y line 11, column (f))			14	%
15	Public support percentage from 2022 Scheo	lule A, Part II, line	14			L1	15	%
16a	33 1/3% support test — 2023. If the organ				1/3% or more, chec	ck this		
	box and stop here. The organization qualification							
b	33 1/3% support test — 2022. If the organithis box and stop here. The organization qu			otion	is 33 1/3% or more,			
17a	10%-facts-and-circumstances test — 202							
	10% or more, and if the organization meets							
	Part VI how the organization meets the fact				•			
	organization							
b	10%-facts-and-circumstances test — 202	22. If the organization	on did not check a b	oox on line 13, 16a,	, 16b, or 17a, and lir	ne		
	15 is 10% or more, and if the organization r				•			
	in Part VI how the organization meets the fa	acts-and-circumstar	nces test. The organ	nization qualifies as	a publicly supporte	ed		
	organization							Ц
18	Private foundation. If the organization did instructions							
								·····

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

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

Sec	tion A. Public Support	40.0		, p		/	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	459,137	353,678	358,874	330,287	416,057	1,918,033
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				84,472	134,104	218,576
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	459,137	353,678	358,874	414,759	550,161	2,136,609
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				3,745	9,414	13,159
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					2,069	2,069
С	Add lines 7a and 7b				3,745	11,483	15,228
8	Public support. (Subtract line 7c from line 6.)						2,121,381
Sec	tion B. Total Support	•		•	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	459,137	353,678	358,874	414,759	550,161	2,136,609
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,337	8,536		1,497	7,107	22,477
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,337	8,536		1,497	7,107	22,477
11	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 assets (Explain in Part VI.)	1,065					1,065
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	465,539	362,214	358,874	416,256	557,268	2,160,151
14	First 5 years. If the Form 990 is for the org	•	ond, third, fourth, c	r fifth tax year as a	section 501(c)(3)		
500	organization, check this box and stop here			<u></u>			
	tion C. Computation of Public S			·n\		45	
15 16	Public support percentage for 2023 (line 8,						98.21 %
16 Soc	Public support percentage from 2022 Scherottion D. Computation of Investment					16	98.31 %
17	Investment income percentage for 2023 (lin			olumn (f))		17	1 %
18	Investment income percentage for 2023 (iii)		ina 17			40	1% 1%
19a	33 1/3% support tests — 2023. If the orga			4 and line 15 is mo			1 /0
, J u	17 is not more than 33 1/3%, check this box						X
b	33 1/3% support tests — 2022. If the orga		-				
	line 18 is not more than 33 1/3%, check this			•		•	
20	Private foundation. If the organization did	•	· ·		, ,,		

Part IV Supporting Organizations

(Complete only if you checked a box on 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

- 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		
	0-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	F-		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
<u> </u>	10b	A /F:	200) 222-
Sch	eaule /	A (Form 9	990) 2023

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Secti	supervised, or controlled the supporting organization. Type II Supporting Organizations			
0001	on or type in employing enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ne)		
2	Activities Test. Answer lines 2a and 2b below.	15). [Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

_	W True III Non Franctionally Intermediate 500(a)(2) Comparting On			Page o
Par	- Jan			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20			
	instructions. All other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E.	(D) Current Veer
Secti	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			, , ,
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	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		
	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		
Secti	on 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		
	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-functionally integrated Type		pporting organization	

Schedule A (Form 990) 2023

(see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D – Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exempt purposes			1				
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purposes of supporte	d organizations		3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required—provide details	in Part VI)		5				
6_	Other distributions (describe in Part VI). See instructions.			6				
	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the organization	n is responsive		8				
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
•		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	•	Distributable			
	Distributable amount for 2002 from Costion C. line C		Pre-2023		Amount for 2023			
	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
i	, , , , , , , , , , , , , , , , , , , ,							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from							
	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
U	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
	Excess from 2023							

Schedule A (Form 990) 2023

Schedule A (For	m 990) 2023	GIRLS	INCORPORA	ATED OF	WAYNE (COUNTY	23-7188644	Page 8
Part VI	III, line 12; F	Part IV, Section A	, lines 1, 2, 3b,	3c, 4b, 4c, 5	ia, 6, 9a, 9	b, 9c, 11a, 1	0; Part II, line 17a or 1b, and 11c; Part IV, rt IV, Section E, lines	Section
	3a, and 3b;		rt V, Section B,	line 1e; Par	t V, Section	n D, lines 5,	6, and 8; and Part V,	
PART I		12 - OTHER						
OTHER	INCOME			\$	1,06	55		
•								
·								
·								
•								
•								

DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

Schedule of Contributors

GIRLS INCORPORATED OF WAYNE COUNTY 23-7188644 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 X 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 33¹/₃% 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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

(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.

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).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Schedule B (Form 990) (2023)

Name of organization

GIRLS INCORPORATED OF WAYNE COUNTY

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	GIRLS INC. 120 WALL ST. NEW YORK NY 10005	\$ 33,066	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WAYNE COUNTY FOUNDATION 33 S 7TH ST. RICHMOND IN 47374	\$ 33,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LILLY FOUNDATION PO BOX 88068 INDIANAPOLIS IN 46208	\$ 100,000	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	STAMM KOECHLEIN FAMILY FOUNDATION 2320 REEVESTON RD RICHMOND IN 47374	\$ 12,500	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	WETZEL HONDA 3505 CHESTER BLVD RICHMOND IN 47374	\$ 5,000	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
6	WALLACE CRIPPLE CHILDREN'S FUND PO BOX 634 MILAWAUKEE WI 53201-0634	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GIRLS INCORPORATED OF WAYNE COUNTY

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RONALD MCDANIEL FOUNDATION PO BOX 9746 NAPERVILLE IL 60567-9746	\$ 25,000	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
8	REID HOSPITAL 1100 REID PARKWAY RICHMOND IN 47374	\$ 24,167	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
9	AMERICAN WATER CHARITABLE FOUNDATION 1 WATER ST CAMDEN NJ 08102-1658	\$ 5,000	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
10	3RIVERS CREDIT UNION PO BOX 2573 FORT WAYNE IN 46801	\$ 10,000	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
.11	B & F PLASTICS 540 N 8TH ST RICHMOND IN 47374	\$ 15,000	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
12	CUMMINS ELECTRIC 3712 W NATL RD RICHMOND IN 47374	\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GIRLS INCORPORATED OF WAYNE COUNTY

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	FIRST BANK RICHMOND 1835 MARKETPLACE BLVD SHELBYVILLE IN 46176	\$ 13,150	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
14	HEARTLAND PET FOODS 4748 W INDSTRIES RD RICHMOND IN 47374	\$ 5,000	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
15	WAYNE BANK & TRUST 145 W MAIN ST CAMBRIDGE CITY IN 47327	\$ 5,000	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
16	MEIJER 2929 WALKER AVE NW GRAND RAPIDS MI 49544	\$ 5,000	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
17	CHARITIES AID FOUNDATION OF AMERICA 225 REINEKERS LN ALEXANDRIA VA 22314	\$ 10,000	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Open to Public Inspection

Name of the organization Employer identification number GIRLS INCORPORATED OF WAYNE COUNTY 23-7188644 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, 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 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.....

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		130,145		130,145
b Buildings		134,075	24,466	109,609
c Leasehold improvements				
d Equipment		245,542	132,409	113,133
e Other		342,712	69,231	273,481
Total. Add lines 1a through 1e. (Column (d) must equ	626,368			

Schedule D (Fo	orm 990) 2023	GIRLS	INCORPORATED	OF	WAYNE	COUNTY	23-7188644	Page 3
Part VII			Securities					
	Complete if	f the organ	ization answered "Ye	es" on	Form 990), Part IV, lin	e 11b. See Form 990,	Part X, line 12.
	(a) Des	cription of security	or category		(b) E	Book value	(c) Method	of valuation:
	(inc	cluding name of s	ecurity)				Cost or end-of-ye	ear market value
(1) Financial o	derivatives							
(2) Closely hel	d equity interests	s						
(
(D)								
(C)								
(D)								
(F)								
(C)								
(H)								
	n (b) must equal	Form 990, Pa	rt X, line 12, col. (B))					
Part VIII			am Related					
				es" on	Form 990), Part IV, lin	e 11c. See Form 990,	Part X, line 13.
		Description of inv				Book value	(c) Method	
							Cost or end-of-ye	ear market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column	n (b) must equal	Form 990, Pa	rt X, line 13, col. (B))					
Part IX	Other Ass							
	Complete if	f the organ	ization answered "Ye	es" on	Form 990), Part IV, lin	e 11d. See Form 990,	Part X, line 15.
			(a) Descrip	tion				(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	<i>a</i>							
			rt X, line 15, col. (B))					
Part X	•		ization answered "Ye	es" on	Form 990), Part IV, lin	e 11e or 11f. See For	m 990, Part X,
1	line 25.		(a) Description	of liability				(b) Book value
(1) Federal i	ncome taxes		(a) Description	o. nability				(S) DOOK VAIDE
(2)	TIOUTIC (AACS							
(3)								
(4)								
(5)								
\-/								+

(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Sche	edule D (Form 990) 2023 GIRLS INCORPORATED OF WAYNE (COUNTY	23-718864	<u>4</u>	Page
Pa	art XI Reconciliation of Revenue per Audited Financial Staten		•	eturn	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	571,24
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	. 2a	13,978		
b		. 2b			
С		. 2c			
d	- · · - · · · - · · · · · · · · · · · ·	2d			
е				2e	13,978
3	Subtract line 2e from line 1			3	557,268
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	557,268
Pa	art XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements			1	563,082
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
С					
d					
е				2e	
3	Subtract line 2e from line 1			3	563,083
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b				1	
	And the an Annual Ale			4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	563,082
	art XIII Supplemental Information				202,001
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	nes 1h and 2h	· Part V line 4· Part X	line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			III IC	
	ART X - FIN 48 FOOTNOTE	y additional line	omation.		
	inti A IIN 10 IOOINOID				
T	HE ORGANIZATION IS ORGANIZED AS A NOT-FOR-	PR∩FTT	CORPORATION	רוא ב	
	IN ORGANIZATION IS ORGANIZED AS A NOT FOR	LICELL	CORTORALION	י אוייי	
A	CCORDINGLY, IS EXEMPT FROM FEDERAL AND STAT	re inco	ME TAXES IN	IDER S	ECTTON
5	01(C)(3) OF THE INTERNAL REVENUE CODE AND	STMTT.AR	STATE PROV	/TSTON	S .
	OT(C)(3) OF THE INTERNAL REVENUE CODE AND	D.1.11.1.11.11.		, 101011	
• • • • • •					
T	HE ORGANIZATION HAS EVALUATED THE TAX PROVI	STONS	тт нас такъ	יות רוב	EXDECTS
				11, 010	
T (O TAKE , IN THE COURSE OF PREPARING THE OR	GANIZAT	IONS'S TAX	RETUR	NS TO
D.	ETERMINE WHETHER THE TAX POSITIONS ARE MORE	E LIKEL	Y THAN NOT	OF BE	ING
S	USTAINED BY THE APPLICABLE TAXING AUTHORITY	. GAAP	REQUIRES T	HE BE	NEFIT
	RISING FROM AN UNCERTAIN TAX POSITION TO B				
\sim	VIDING EVOW WI DISCRIPTIN TWY EOSTITON IO DI	DODUN L	74 T T T T T T T T T T T T T T T T T T T	1117 نىد	TACTUTE.

STATEMENTS ONLY WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE

SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR

Part XIII Supplemental Information (continued)
LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF
ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE
PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT
OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON
SETTLEMENT WITH TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT
BELIEVE THE ORGANIZATION HAS TAKEN ANY SIGNIFICANT UNCERTAIN TAX POSITIONS,
INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN
JEOPARDY AS OF DECEMBER 31, 2023.

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

23-7188644 GIRLS INCORPORATED OF WAYNE COUNTY FORM 990 - ORGANIZATION'S MISSION TO PROVIDE OPPORTUNITIES THROUGH PROGRAMS FOR GIRLS TO BECOME CONFIDENT RESPONSIBLE MEMBERS OF THE COMMUNITY AND TO OVERCOME THE EFFECTS OF DISCRIMINATION; AND TO SERVE AS A VIGOROUS ADVOCATE FOR GIRLS, FOCUSING ON THEIR SPECIAL NEEDS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 EXECUTIVE DIRECTOR REVIEWS THE 990 WITH THE TAX PREPARER. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY POLICY IS ENFORCED FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the org	anization							Employer ident	ification number	er
	GIRLS INCORPORATED OF WAYNE COUNTY							23-7188	644	
Part I	Identification of Disregarded Entities. Complete if the	organization ans	swered "Yes" on	Form 990	D, Part I	V, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile or foreign co	e (state buntry)		(d) income		(e) year assets	(f) Direct con	
(1)										
(2)										
(3)										
(4)										
(5)										
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the tax year.	organization ansv	wered "Ye	es" on F	orm 990, F	art IV, li	ne 34, becau	use it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Cod)	(e) Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section controlle	g) 512(b)(13) d entity?
120	S INCORPORATED WALL STREET, 3RD FLOOR 13-1915124					1.0		- / -		
(2)	YORK NY 10005	RESOURCE	NY			10	N	I/A		Х
(3)										
(4)										
(5)										

(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)		(i)	(j)	(k)	_
Name, address, and EIN of related organization	Primary activity	Legal	Direct controlling entity	Predominant income (related,	Share of total income	Share of end-or year assets	f- Dis	spro- ionate	1	e V—UBI	Genera	or Percenta	ige iin
iolated organization		domicile (state or		unrelated, excluded from		year absolu	1.	loc.?		nt in box 20 hedule K-1	managi partne	9	
		foreign country)		tax under sections 512-514)				1	(Foi	rm 1065)			
(4)		courin y)		3000013 012 014)			Yes	S No			Yes 1	0	_
(1)													
(2)													
(0)								-					_
(3)													
(4)													_
Mariffer Committee Committee	-	<u> </u>		<u> </u>	and a College			0/	<u> </u>			<u> </u>	_
Part IV Identification of Related Organization 34, because it had one or more	elated organ	as as a	ns treated as a	a corporation o	npiete if the r trust durind	organization ansv ı the tax vear.	werea	Yes	on Fo	orm 990,	Рап	٧,	
(a)	(b)		(c)	(d)	(e)	(f)		(g)		(h)		(i)	_
Name, address, and EIN of related organization	Primary activi	ity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income		Share f-vear	of assets	Percent owners		Section 512(b)(1:	3)
			foreign country)	2,	or trust)			. ,				controlle entity?	
												Yes N	10
(1)													
(2)	+												_
(2)													
• • • • • • • • • • • • • • • • • • • •													
(3)													
(4)												+ +	_
(4)					1 1								
			Į.							1			

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990. Part IV. line 34, 35b, or 36.

Par	Transactions With Related Organizations. Complete if the organization ar	nswered "Yes" on F	orm 990, Part IV, IIn	e 34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related o	rganizations listed in Par	ts II–IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		x
b	Gift, grant, or capital contribution to related organization(s)				1b		x
С	Gift, grant, or capital contribution from related organization(s)				1c		x
d	Loans or loan guarantees to or for related organization(s)				1d		x
е	Loans or loan guarantees by related organization(s)				1e		x
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		x
h	Purchase of assets from related organization(s)				1h		x
i	Exchange of assets with related organization(s)				1i		x
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		x
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		x
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		x
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		x
0	Sharing of paid employees with related organization(s)				10		x
р	Reimbursement paid to related organization(s) for expenses				1р		x
q	Reimbursement paid by related organization(s) for expenses				1q		x
•							
r	Other transfer of cash or property to related organization(s)				1r		x
s	Other transfer of cash or property from related organization(s)				1s		х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered relation	nships and transaction thre	esholds.			
	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amo	unt involve	ed	
(1)							
(2)							
ν-,							
(3)							
(4)							
. ,							
(5)							

(6)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	sec 501(organiz	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													ĺ
(2)													
`,													
(3)													
(4)													
(5)													
(6)													
(7)													
(9)													
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(11)													
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Schedule R (F	orm 990) 2023	GIRLS	INCORP	ORATED	OF WAYNE	COUNTY	23-7188644	Page 5
Part VII	Suppleme Provide ad	ental Information	mation. ormation fo	r responses	s to questions	on Schedule	R. See instructions.	
				•	•			
•								
					• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •								

4562

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Name(s) shown on return Identifying number GIRLS INCORPORATED OF WAYNE COUNTY 23-7188644 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 42,063 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property 15-year property 20-year property 25-year property S/I 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM 39 yrs. S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year S/L 12 yrs. 30-year MM S/I 30 yrs. 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 _____ 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 42,063 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Girls Incorporated of Wayne County 1407 S 8th St Richmond, IN 47374

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Form **990**

Two Year Comparison Report

, ending

For calendar year 2023, or tax year beginning

2022 & 2023

Name

Taxpayer Identification Number

_	GIRLS INCORPORATED OF WAYNE COUNT	'Y		23-7	188644
			2022	2023	Differences
	1. Contributions, gifts, grants	1.	330,287	416,057	85 , 770
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
ne	4 Program service revenue	4.	79,567	131,605	52,038
⊆	5. Investment income	5.	1,497	7,107	5,610
>		6.			
Re	7. Net gain or (loss) from sale of assets other than inventory		300		-300
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue	11.	4,905	2,499	-2,406
	12. Total revenue. Add lines 1 through 11	12.	416,556	557,268	140,712
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
S	15. Compensation of officers, directors, trustees, etc.	15.			
S		16.	306,641	343,337	36,696
en		17.			
α	18. Other professional fees	18.	5,152	22,431	17,279
Ш	19. Occupancy, rent, utilities, and maintenance	19.	26,545	22,056	-4,489
	20. Depreciation and Depletion		41,085	42,065	980
	21. Other expenses	21.	83,672	133,192	49,520
	22. Total expenses. Add lines 13 through 21	22.	463,095	563,081	99,986
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-46,539	-5,813	40,726
	24. Total exempt revenue	24.	416,556	557,268	140,712
	25. Total unrelated revenue	0.5			
<u>io</u>	26. Total excludable revenue	26.	86,269	141,211	54,942
Information	27. Total assets	27.	908,739	911,140	2,401
for	28. Total liabilities	28.	9,057	3,293	-5,764
=	Totalina canings	29.	899,682	907,847	8,165
the	30. Number of voting members of governing body	30.	16	18	
δ	31. Number of independent voting members of governing body	31.	16	18	
	32. Number of employees	32.	33	35	
	33. Number of volunteers	33.			

Form 990	Tax Return History	2023
Name	GIRLS INCORPORATED OF WAYNE COUNTY	Employer Identification Number 23-7188644

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				330,287	416,057	
Membership dues						
Program service revenue				79,567	131,605	
Capital gain or loss				300		
nvestment income				1,497	7,107	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				4,905	2,499	
Total revenue				416,556	557,268	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				306,641	343,337	
Professional fees				5,152	22,431	
Occupancy costs				26,545	22,056	
Depreciation and depletion				41,085	42,065	
Other expenses				83,672	133,192	
Fotal expenses				463,095	563,081	
Excess or (Deficit)				-46,539	-5,813	
_			I	41.C FF.C	FF7 260	
Total exempt revenue				416,556	557,268	
Total unrelated revenue				96, 260	141 011	
Total excludable revenue				86,269	141,211	
Total Assets				908,739	911,140	
Total Liabilities				9,057	3,293	
Net Fund Balances				899,682	907,847	