

Return of Organization Exempt From Income Tax

2022

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY**
 Doing business as **GIRLS, INC**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
904 S MILLER STREET
 City or town, state or province, country, and ZIP or foreign postal code
SHELBYVILLE, IN 46176

D Employer identification number
35-1277849

E Telephone number
(317) 392-1190

G Gross receipts
\$ **1,320,490**

F Name and address of principal officer: **AMY DILLON**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HTTP://WWW.GIRLSINCSHELBYCOUNTY.ORG/**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1972** **M** State of legal domicile: **IN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF GIRLS INC OF SHELBYVILLE/SHELBY COUNTY IS TO INSPIRE ALL GIRLS TO BE STRONG, SMART AND BOLD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	50
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 920,035	Current Year 994,250
	9 Program service revenue (Part VIII, line 2g)	184,929	205,105
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	734	3,030
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,451	75,174
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,142,149	1,277,559
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	705,904	966,886
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,900	0
	b Total fundraising expenses (Part IX, column (D), line 25)	147,722	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	394,416	432,822
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,102,220	1,399,708	
19 Revenue less expenses. Subtract line 18 from line 12	39,929	(122,149)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,907,013	End of Year 2,765,033
	21 Total liabilities (Part X, line 26)	477	0
	22 Net assets or fund balances. Subtract line 21 from line 20	2,906,536	2,765,033

Part II Signature Block

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

Sign Here

BRIAN BRAMMER
Signature of officer

BRIAN BRAMMER, BOARD MEMBER & TREASURER
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name: **STEPHEN J PLUNKETT**
Preparer's signature: _____
Date: **09-28-2023**
Check if self-employed PTIN: **P00257170**

Firm's name: **CARDINAL SMALL BUSINESS SERVICES**
Firm's address: **30 E WASHINGTON STREET SHELBYVILLE IN 46176**
Firm's EIN: _____
Phone no.: **317-627-6311**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF GIRLS INC OF SHELBYVILLE/SHELBY COUNTY IS TO INSPIRE ALL GIRLS TO BE STRONG, SMART AND BOLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 769,584 including grants of \$ _____) (Revenue \$ _____)
GIRLS INC.--RECREATIONAL AND EDUCATIONAL PROGRAMS PROVIDED SERVICE TO 3,085 INDIVIDUAL PROGRAM PARTICIPANTS IN 2022 THROUGH OUR IN-CENTER, SCHOOL-BASED, SUMMER CAMP AND GYMNASTICS PROGRAMS. OUR PROGRAMS WERE DELIVERED AT 23 DIFFERENT LOCATIONS ACROSS FOUR COUNTIES--SHELBY, DECATUR, RUSH AND MONROE. GIRLS INC.INSPIRES ALL GIRLS TO BE STRONG, SMART, AND BOLD THROUGH DIRECT SERVICE AND ADVOCACY. OUR COMPREHENSIVE APPROACH TO WHOLE GIRL DEVELOPMENT EQUIPS GIRLS TO NAVIGATE GENDER, ECONOMIC, AND SOCIAL BARRIERS AND GROW UP HEALTHY, EDUCATED, AND INDEPENDENT. THESE POSITIVE OUTCOMES ARE ACHIEVED THROUGH 3 CORE ELEMENTS: PEOPLE-TRAINED STAFF AND VOLUNTEERS WHO BUILD LASTING, MENTORING RELATIONSHIPS; ENVIRONMENT-GIRLS-ONLY,PHYSICALLY AND EMOTIONALLY SAFE,WHERE THERE IS A SISTERHOOD OF SUPPORT,HIGH EXPECTATIONS, AND MUTUAL RESPECT;AND PROGRAMMING RESEARCH BASED,HANDS-ON AND MINDS-ON, AGE-APPROPRIATE, MEETING THE NEEDS OF TODAY'S GIRLS.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **769,584**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 contain various questions about organizational reporting and compliance.

Part 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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c contain questions about Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	50		
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 organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
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.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any 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? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policy, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Indiana
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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.

AMY DILLON (317)392-1190, 904 S MILLER STREET, SHELBYVILLE, IN 46176

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY DILLON PRESIDENT AND CHIEF EXECUTIVE	40.00			X				90,262	0	3,610
(2) ANDREA LEE BOARD MEMBER	1.00	X						0	0	0
(3) ERIKA OLIPHANT BOARD MEMBER	1.00	X						0	0	0
(4) MICHAEL TURNER BOARD MEMBER	1.00	X						0	0	0
(5) MICHELE KRAMER BOARD MEMBER	1.00	X						0	0	0
(6) MOLLY HART BOARD MEMBER	1.00	X						0	0	0
(7) CATHERINE KECK BOARD MEMBER	1.00	X						0	0	0
(8) ADAM RUDE BOARD MEMBER & BOARD DEVELOPMENT CH	2.00	X						0	0	0
(9) MOLLY NAGY BOARD MEMBER & BOARD SECRETARY	2.00	X						0	0	0
(10) ANDREA ASTILL BOARD MEMBER	1.00	X						0	0	0
(11) GILLIAN THIEBE BOARD MEMBER & MEMBER AT LARGE	2.00	X						0	0	0
(12) EMILY BREEDLOVE BOARD MEMBER	1.00	X						0	0	0
(13) BETH BROWNING BOARD MEMBER	1.00	X						0	0	0
(14) MANDY LOHRUM BOARD MEMBER	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)ALISON SCHREINER BOARD MEMBER	1.00	X						0	0	0
(16)JOHN EMHARDT BOARD MEMBER	1.00	X						0	0	0
(17)ALLISON COBURN BOARD MEMBER & BOARD CHAIR	2.00	X		X				0	0	0
(18)KYLIE DICKMANN-KING BOARD MEMBER	1.00	X		X				0	0	0
(19)BRIAN BRAMMER BOARD MEMBER & TREASURER	2.00	X		X				0	0	0
(20)SHAWN WASSON BOARD MEMBER	1.00	X		X				0	0	0
(21)MARCY PATRICK RUNNEBOHM BOARD MEMBER & BOARD VICE CH	2.00	X		X				0	0	0
(22)CARMEN FANSLER BOARD MEMBER	1.00	X		X				0	0	0
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								90,262	0	3,610

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	196,700				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	797,550				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			994,250			
Program Service Revenue			Business Code				
	2a PROGRAM SERVICES	900099	205,105	205,105			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			205,105				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,030	3,030			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	1,225			
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	1,225				
	d Net rental income or (loss)			1,225	1,225		
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
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		100,909				
b Less: direct expenses	8b	28,178					
c Net income or (loss) from fundraising events			72,731			72,731	
9a Gross income from gaming activities, See Part IV, line 19	9a		13,903				
b Less: direct expenses	9b	6,260					
c Net income or (loss) from gaming activities			7,643			7,643	
10a Gross sales of inventory, less returns and allowances	10a		2,068				
b Less: cost of goods sold	10b	8,493					
c Net income or (loss) from sales of inventory			(6,425)	(6,425)			
Miscellaneous Revenue			Business Code				
	11a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,277,559	202,935	0	80,374	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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, 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	Other salaries and wages	871,159	533,559	205,541	132,059
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,963		14,963	
9	Other employee benefits	18,971		18,971	
10	Payroll taxes	61,793	40,817	10,874	10,102
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,538		1,538	
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	2,316		2,316	
13	Office expenses	29,511	15,400	12,500	1,611
14	Information technology	21,141	321	20,820	
15	Royalties				
16	Occupancy	152,182	48,380	103,013	789
17	Travel	15,550	1,389	13,829	332
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	123,941	98,841	24,128	972
23	Insurance	32,358	173	32,185	
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.)				
a	DUES	12,974		12,974	
b	PROGRAM FEES & EXPENSES	39,694	30,704	8,750	240
c	SPECIAL EVENT EXPENSES	1,617			1,617
d					
e	All other expenses _____				
25	Total functional expenses. Add lines 1 through 24e.	1,399,708	769,584	482,402	147,722
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	1,104,061	1	1,030,371	
	2	Savings and temporary cash investments	156,822	2	152,231	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from 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		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,174,027		
	b	Less: accumulated depreciation	10b	1,720,951	10c	1,453,076
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		155,887	12	129,355
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		2,907,013	16	2,765,033	
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		477	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25		
26	Total liabilities. Add lines 17 through 25		477	26	0	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		2,686,834	27	2,608,431
	28	Net assets with donor restrictions		219,702	28	156,602
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,906,536	32	2,765,033
33	Total liabilities and net assets/fund balances		2,907,013	33	2,765,033	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,277,559
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,399,708
3	Revenue less expenses. Subtract line 2 from line 1	3	(122,149)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,906,536
5	Net unrealized gains (losses) on investments	5	(19,354)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,765,033

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	909,020	620,621	721,368	920,035	994,250	4,165,294
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	197,135	189,877	91,813	184,929	205,105	868,859
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	1,106,155	810,498	813,181	1,104,964	1,199,355	5,034,153
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						5,034,153

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,106,155	810,498	813,181	1,104,964	1,199,355	5,034,153
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	959	1,639	1,449	734	3,030	7,811
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	959	1,639	1,449	734	3,030	7,811
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,107,114	812,137	814,630	1,105,698	1,202,385	5,041,964
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.85 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (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 supported 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
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

CLIENT COPY

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

Employer identification number

35-1277849

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

Employer identification number

35-1277849

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHELBY COUNTY UNITED FUND (SCUFFY) 126 N HARRISON STREET SHELBYVILLE IN 46176	\$ 196,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GIRLS INC NATIONAL 441 W MICHIGAN ST INDIANAPOLIS IN 46202	\$ 253,475	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BLUE RIVER FOUNDATION 54 W BROADWAY 1 SHELBYVILLE IN 46176	\$ 73,134	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DECATUR COUNTY COMMUNITY FOUNDATION 101 E MAIN ST 1 GREENSBURG IN 47240	\$ 32,295	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INDIANA DEPARTMENT OF HEALTH 2 N MERIDIAN ST INDIANAPOLIS IN 46204	\$ 154,584	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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

2022

Open to Public Inspection

Name of the organization

Employer identification number

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b 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. 2 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; b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	136,695	136,695	129,952	112,963	129,296
b Contributions					30
c Net investment earnings, gains, and losses			13,298	23,406	(10,357)
d Grants or scholarships			5,150	4,940	4,544
e Other expenditures for facilities and programs					
f Administrative expenses			1,405	1,477	1,462
g End of year balance	136,695	136,695	136,695	129,952	112,963

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | x | |
| (ii) Related organizations | | x |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,000		2,000
b Buildings		2,503,117	1,128,087	1,375,030
c Leasehold improvements				
d Equipment		668,910	592,864	76,046
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,453,076

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BLUE RIVER FOUNDATION	129,355	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	129,355	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and a large vertical shaded area.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and a large vertical shaded area.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SC GALA (event type)	MC FUNDRAISI (event type)	5 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	88,458	10,190	2,261	100,909
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	88,458	10,190	2,261	100,909
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,875			5,875
	7	Food and beverages	3,072			3,072
	8	Entertainment	1,750			1,750
	9	Other direct expenses	6,843	9,247	1,391	17,481
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					72,731

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2022

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

Employer identification number

35-1277849

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED BY A COMMITTEE OF THE BOARD OF DIRECTORS BEFORE FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE CORPORATION HAS A CONFLICT OF INTEREST POLICY. THIS POLICY REQUIRES ANNUAL COMPLETION OF A CONFLICT OF INTEREST QUESTIONNAIRE BY ALL BOD'S AND KEY EMPLOYEES. ALL FORMS ARE REVIEWED BY OUR LEGAL REPRESENTATIVE AND ACTION TAKEN ON ANY POTENTIAL CONFLICT. THE BOARD TREASURER IS A PARTNER IN A LOCAL CPA FIRM THAT PERFORM THE PAYROLL SERVICES FOR GIRLS INC AT NO COST. THE VALUE OF THE WORK PERFORMED IS \$3800. OTHERWISE THERE WERE NO CONFLICTS OF INTEREST IDENTIFIED FOR YEAR 2022.

03. CEO, executive director, top management comp (Part VI, line 15a)

EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION IS REVIEWED AND DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD. RECOMMENDATIONS OF THIS COMMITTEE ARE THEN REVIEWED AND ACTED UPON BY THE FULL BOARD OF DIRECTORS

04. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT THE GIRLS INCORPORATED OFFICE LOCATED AT 904 MILLER STREET, SHELBYVILLE, IN 46176

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.

Name(s) shown on return GIRLS INCORPORATED OF SHELBYVILL	Business or activity to which this form relates FORM 990 - 1	Identifying number 35-1277849
--	--	---

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 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2023. 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.

Part II 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.	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	45,281

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2022	17	75,220
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,080	5	HY	SL	308
c 7-year property	#567					1,736
d 10-year property		1,500	10	HY	SL	75
e 15-year property	#568					630
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	#569		39 yrs.	MM	S/L	691
				MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	123,941
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY	Taxpayer identification number (TIN) 35-1277849
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 904 S MILLER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHELBYVILLE IN 46176	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ **AMY DILLON, 904 S MILLER STREET SHELBYVILLE IN 46176**

Telephone No.▶ **317-392-1190** FAX No.▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box. . . . ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 22 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY** EIN or SSN **35-1277849**

Name and title of officer or person subject to tax
BRIAN BRAMMER, BOARD MEMBER & TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here. <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here <input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b <u>0</u>
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CARDINAL SMALL BUSINESS SER to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 08-24-2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

359568 98700

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 09-28-2023

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

Name and title of officer or person subject to tax

BRIAN BRAMMER, BOARD MEMBER & TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,277,559</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here. <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CARDINAL SMALL BUSINESS SER to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 08-24-2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

359568 98700

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 09-28-2023

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

FORM 4562 - LINE 19C

Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
446	7	HY	SL	32
1,118	7	HY	SL	80
18,045	7	HY	SL	1,289
4,685	7	HY	SL	<u>335</u>
TOTAL				<u>1,736</u>

FORM 4562 - LINE 19E

PG01
Statement #568

BASIS	RP	CV	METHOD	DEDUCTION
7,529	15	HY	SL	251
547	15	HY	SL	18
3,978	15	HY	SL	133
6,841	15	HY	SL	<u>228</u>
TOTAL				<u>630</u>

FORM 4562 - LINE 19I

PG01
Statement #569

DATE	COST	DEDUCTION
01-2022	8,393	206
05-2022	28,070	450
06-2022	639	9
06-2022	1,904	<u>26</u>
TOTAL		<u>691</u>

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Overflow Statement

2022

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

FEDERATED CAMPAIGNS SUPPORT

Description	Amount
SCUFFY (SHELBY COUNTY UNITED FUND FOR YOU)- ANNUAL SUPPO	\$ 196,700
Total:	\$ 196,700

OTHER

Description	Amount
GRANTS & REIMBURSEMENTS	\$ 253,300
BOARD OF DIRECTOR CONTRIBUTIONS	2,000
INDIVIDUAL & BUSINESS CONTRIBUTIONS	74,322
ANNUAL GIVING CAMPAIGN	49,269
FOUNDATION AND STATE GRANTS	394,585
FUND RAISING EVENT CONTRIBUTIONS	6,574
MONROE COUNTY IND BUSINESS CONTRIBUTIONS	17,500
Total:	\$ 797,550

INVESTMENT INCOME

Description	Amount
INTEREST INCOME	\$ 3,030
Total:	\$ 3,030

GROSS REVENUE FROM FUND RAISING

Description	Amount
TOTAL REVENUE	\$ 175,200
LESS CONTRIBUTIONS TO ENCHANTED VOYAGE GALA	(6,574)
LESS GAMING REVENUE	(13,903)
LESS SENIOR SERVICES PORTION	(53,814)
Total:	\$ 100,909

990

Overflow Statement

2022

Page 2

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

OFFICE EXPENSES

Description	Amount
POSTAGE	\$ 9,559
MERCHANT FEES	7,227
OTHER	62
PRINTING	4,177
OFFICE EQUIPMENT MAINTENANCE	8,306
LESS ALLOCATION TO ADMINISTRATION	(12,500)
LESS ALLOCATION TO FUNDRAISING	(1,611)
BANK FEES	180
Total:	\$ 15,400

OCCUPANCY EXPENSE

Description	Amount
UTILITIES	\$ 44,269
SUPPLIES	59,174
BUILDING MAINTENANCE & SECURITY	48,318
CULLIGAN	421
LESS EXPENSE ALLOCATED TO FUNDRAISING	(789)
LESS EXPENSE ALLOCATED TO ADMINISTRATION	(103,013)
Total:	\$ 48,380

Description	Amount
TOTAL TRAVEL	\$ 15,550
LESS ADMINISTRATION	(13,829)
LESS FUNDRAISING	(332)
Total:	\$ 1,389

Overflow Statement

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Name(s) as shown on return

FEIN

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

PROGRAM EXPENSE

Description	Amount
VEHICLE	\$ 10,136
COMPETITIVE MEETS	3,067
TRAVEL CLUB	4,766
ANNUAL AWARDS PROGRAM	1,541
MEET EXPENSES	9,816
OTHER NON-PERSONEL	5,100
LESS ADMINISTRATIVE EXPENSES	(8,750)
REIMBURSEMENTS	240
LESS FUNDRAISING	(240)
RECONCILIATION DISCREPANCIES	5,028
Total:	\$ 30,704

Description	Amount
SUPPLIES AND OTHER EXPENSES	\$ 6,316
INVITATION COSTS	527
Total:	\$ 6,843

Description	Amount
GALA EXPENSE	\$ 2,167
FLOWERS	7,080
Total:	\$ 9,247

OTHER EVENT COSTS

Description	Amount
SCUFFY EXPENSES	\$ 1,391
Total:	\$ 1,391

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services
(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

Social security number/EIN

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	EQUIPMENT	06011986	5,028		100.00			5,028	7		0	5,028		5,028	
3	APPLE COMPUTER	06011987	2,389		100.00			2,389	7		0	2,389		2,389	
6	STEREO	06011988	80		100.00			80	7		0	80		80	
7	COMP TABLE	06011988	85		100.00			85	7		0	85		85	
8	POPCORN MACHINE	06011988	382		100.00			382	7		0	382		382	
9	STATIC PADS	06011988	223		100.00			223	7		0	223		223	
10	CHAIRS	06011988	140		100.00			140	7		0	140		140	
11	BUTTON MAKER	06011988	32		100.00			32	7		0	32		32	
12	FILE CABINET	06011988	59		100.00			59	7		0	59		59	
14	WORK CENTER	06011988	120		100.00			120	7		0	120		120	
16	TV & VCR	06011988	810		100.00			810	7		0	810		810	
17	COMPUTER TABLE	06011988	220		100.00			220	7		0	220		220	
18	STATIC PADS	06011988	223		100.00			223	7		0	223		223	
19	COMPUTER	01011989	564		100.00			564	5		0	564		564	
20	SOFTWARE	01011989	203		100.00			203	7		0	203		203	
21	PROGRAM EQUIPMENT	01011991	857		100.00			857	5		0	857		857	
22	PROGRAM EQUIPMENT	01011992	1,812		100.00			1,812	7		0	1,812		1,812	
24	COPIER	02011993	1,854		100.00			1,854	7		0	1,854		1,854	
25	CARPETING	04011993	2,463		100.00			2,463	7		0	2,463		2,463	
26	PIANO	09011993	448		100.00			448	7		0	448		448	
27	PRINTER	12011993	300		100.00			300	7		0	300		300	
28	COMPUTER	07011994	1,650		100.00			1,650	7		0	1,650		1,650	
29	VCR	12011994	179		100.00			179	7		0	179		179	
31	COMPUTER	06011996	1,769		100.00			1,769	7		0	1,759		1,759	
33	GYMNASTIC EQUIPMENT	08011996	3,791		100.00			3,791	7		0	3,791		3,791	
36	SPORTS EQUIPMENT	05011996	15,338		100.00			15,338	7		0	15,338		15,338	
38	PA SYSTEM	05011996	755		100.00			755	7		0	755		755	
39	SECURITY	05011996	1,344		100.00			1,344	7		0	1,344		1,344	
40	TENNIS EQUIPMENT	06011996	2,565		100.00			2,565	7		0	2,565		2,565	
42	BLINDS	06011996	96		100.00			96	7		0	96		96	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services
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2022

PAGE 2

Name(s) as shown on return

Social security number/EIN

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
43	B- BUILDING	05011996	1,162,564		100.00			1,162,564	39	SL MM	2.564	765,093	29,809	794,902	29,809
44	CHAIRS	03011997	993		100.00			993	7		0	993		993	
45	GYM EQUIPMENT	04011997	2,675		100.00			2,675	7		0	2,675		2,675	
46	B- SIGN	09011997	700		100.00			700	7		0	700		700	
47	B- SIGN	10011997	1,500		100.00			1,500	7		0	1,500		1,500	
48	B- SIGN	12011997	1,841		100.00			1,841	7		0	1,841		1,841	
49	PROGRAM EQUIPMENT	03011997	319		100.00			319	7		0	319		319	
50	PROGRAM EQUIPMENT	10011997	204		100.00			204	7		0	204		204	
51	PROGRAM EQUIPMENT	11011997	619		100.00			619	7		0	619		619	
52	PROGRAM EQUIPMENT	12011997	445		100.00			445	7		0	445		445	
55	AMPLIFIER	05011998	114		100.00			114	7		0	114		114	
58	2 PIECE LECT	05012000	222		100.00			222	7		0	222		222	
61	GYM EQUIPMENT	05012000	788		100.00			788	7		0	788		788	
62	GYMNASTIC EQUIPMENT	05012000	210		100.00			210	7		0	210		210	
63	GYMNASTICS EQUIPMENT	09012000	935		100.00			935	7		0	935		935	
64	G- IMPORVEMENTS	02012000	40,000		100.00			40,000	39	SL MM	2.564	22,486	1,026	23,512	1,026
65	G- IMPROVEMENTS	03012000	95,000		100.00			95,000	39	SL MM	2.564	53,186	2,436	55,622	2,436
66	G- IMPROVEMENTS	04012000	65,000		100.00			65,000	39	SL MM	2.564	36,257	1,667	37,924	1,667
67	B- PARKING LOT	08012000	1,763		100.00			1,763	15		0	1,763		1,763	
68	COMPUTER	02012001	1,547		100.00			1,547	5		0	1,547		1,547	
69	EZ CARE SW	03012002	2,000		100.00			2,000	5		0	2,000		2,000	
70	COMPUTER EQUIPMENT	07012002	2,066		100.00			2,066	5		0	2,066		2,066	
71	CABLE MODEM	08012002	150		100.00			150	5		0	150		150	
72	TABLE VAULT	09012002	2,837		100.00			2,837	7		0	2,837		2,837	
73	GYMNASTICS EQUIPMENT	06012002	1,130		100.00			1,130	7		0	1,130		1,130	
74	TABLES/CHAIRS	03012002	293		100.00			293	7		0	293		293	
75	GYM BALANCE	05012004	1,384		100.00			1,384	7		0	1,384		1,384	
76	GYM MATS	05012004	2,047		100.00			2,047	7		0	2,047		2,047	
77	GYMNASTICS EQUIPMENT	07012005	714		100.00			714	7		0	714		714	
78	VOLLEYBALL EQUIPMENT	01012005	422		100.00			422	7		0	422		422	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services
(This page is not filed with the return. It is for your records only.)

2022

PAGE 3

Name(s) as shown on return

Social security number/EIN

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
81	SWEeper	05012007	583		100.00			583	7		0	583		583	
83	COMPUTERS	07012003	12,129		100.00			12,129	5		0	12,129		12,129	
84	GYMNAS TIC EQUIPMENT	02012005	301		100.00			301	7		0	301		301	
85	COMPUTERS DE	12012008	1,908		100.00			1,908	5		0	1,908		1,908	
86	CAMERA	03012006	503		100.00			503	7		0	503		503	
88	G- SIGN- GYM N.	11012003	1,345		100.00			1,345	7		0	1,345		1,345	
90	G- IMPROVEMENTS	05012000	50,000		100.00			50,000	39	SL MM	2.564	27,777	1,282	29,059	1,282
92	FOAM FOR GYMNAS TIC PI	12092009	1,092		100.00			1,092	7		0	1,092		1,092	
94	GYM MAT	12232010	6,945		100.00			6,945	7		0	6,945		6,945	
96	COMPUTERS- 18 compute	11282011	17,850		100.00			17,850	7		0	17,850		17,850	
97	B- EXTERIOR SIGN	09142011	2,189		100.00			2,189	7		0	2,189		2,189	
98	B- EXTERIOR MONUMENT	01012012	11,434		100.00			11,434	10	SL HY	10	10,859	575	11,434	575
99	IPADS	09052012	5,339		100.00			5,339	5		0	5,339		5,339	
100	EPSON PROJECTOR	09272012	430		100.00			430	7		0	430		430	
101	PROJECTOR SCREEN	09272012	150		100.00			150	7		0	150		150	
102	SOUND SYSTEM	09052012	350		100.00			350	7		0	350		350	
103	B- BUILDING IMPROVEME	11012012	31,148		100.00			31,148	40	SL MM	2.5	7,108	779	7,887	779
105	GYM EQUIPMENT	07122012	4,226		100.00			4,226	7		0	4,226		4,226	
106	B- AIR CONDITIONING E	07012013	74,507		100.00			74,507	39	SL MM	2.564	16,155	1,910	18,065	1,910
107	G- GYM REMODELING	08232013	5,632		100.00			5,632	39	SL MM	2.564	1,206	144	1,350	144
112	B- REPLACEMENT DOOR L	12012014	5,290		100.00			5,290	39	SL MM	2.564	958	136	1,094	136
113	2013 CHEVELOT G3500 L	11072014	21,000		100.00			21,000	5		0	21,000		21,000	
114	GYMNAS TIC EQUIPMENT	10102014	9,913		100.00			9,913	7		0	9,913		9,913	
115	MACH 1 PC	01012014	895		100.00			895	5		0	895		895	
116	MACH 1 PC	01012014	1,613		100.00			1,613	5		0	1,613		1,613	
117	MINI PADS	01012014	895		100.00			895	5		0	895		895	
118	MINIPADS	01012014	1,921		100.00			1,921	5		0	1,921		1,921	
119	COMPUTER (SCUFFY)	01072014	795		100.00			795	5		0	795		795	
120	B- SECURITY SYSTEM	05202015	3,685		100.00			3,685	7	SL MQ	14.286	3,485	200	3,685	200
122	LIGHT FIXTURES	10162015	5,815		100.00			5,815	39	SL MM	2.564	925	149	1,074	149

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Depreciation Detail Listing

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GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
124	GYMNASTIC EQUIPMENT	12162015	1,990		100.00			1,990	7	SL MQ	14.286	1,740	250	1,990	250
127	IPADS / CARTS	11092016	15,591		100.00			15,591	5		0	15,591		15,591	
129	SMART BOARDS	12202016	9,349		100.00			9,349	5		0	9,349		9,349	
131	GYMNASTICS ROOM FIXTU	06082017	2,773		100.00			2,773	7	SL HY	14.286	1,782	396	2,178	396
132	GYMNASTICS- PIT & FOA	06162017	4,280		100.00			4,280	7	SL HY	14.286	2,750	611	3,361	611
133	COMPUTERS (31)	09192017	21,565		100.00			21,565	5	SL HY	20	19,409	2,156	21,565	2,156
135	FURNITURE FOR STAFF O	09212017	39,380		100.00			39,380	7	SL HY	14.286	25,317	5,626	30,943	5,626
136	B- IMPROVEMENTS	10312017	217,717		100.00			217,717	39	SL MM	2.564	23,491	5,582	29,073	5,582
137	OFFICE FURNITURE	01052018	49,736		100.00			49,736	7	SL MQ	14.286	27,532	7,105	34,637	7,105
138	FURNITURE	02062018	1,006		100.00			1,006	7	SL MQ	14.286	558	144	702	144
139	TABLES & BOOKCASES	02272018	16,039		100.00			16,039	7	SL MQ	14.286	8,878	2,291	11,169	2,291
140	WALL PLAQUE	04122018	1,177		100.00			1,177	7	SL MQ	14.286	609	168	777	168
141	BUILDING IMPROVEMENTS	08242018	327,257		100.00			327,257	39	SL MM	2.564	28,321	8,391	36,712	8,391
142	GREENHOUSE	11302018	148,988		100.00			148,988	15	SL MQ	6.667	31,040	9,933	40,973	9,933
143	FENCING	08312018	1,150		100.00			1,150	15	SL MQ	6.667	260	77	337	77
144	PARKING LOT	07262018	30,600		100.00			30,600	15	SL MQ	6.667	6,885	2,040	8,925	2,040
147	PROGRAM EQUIPMENT	07292019	10,538		100.00			10,538	7	SL HY	14.286	3,763	1,505	5,268	1,505
148	REMODEL	08022019	2,083		100.00			2,083	10	SL HY	10	520	208	728	208
149	REMODEL	09092019	5,582		100.00			5,582	10	SL HY	10	1,395	558	1,953	558
150	GYMNASTIC EQUIPMENT	11062019	16,138		100.00			16,138	7	SL HY	14.286	5,763	2,305	8,068	2,305
151	SECURITY SYSTEM	09132019	8,018		100.00			8,018	7	SL HY	14.286	2,863	1,145	4,008	1,145
152	WARRENS COMPUTER	03172020	813		100.00			813	5	SL MQ	20	305	163	468	163
153	STUDIO FURNITURE	12182020	11,268		100.00			11,268	7	SL MQ	14.286	1,811	1,610	3,421	1,610
156	VIRTURAL ROOM SETUP	12172020	26,024		100.00			26,024	7	SL MQ	14.286	4,183	3,718	7,901	3,718
158	SMART TV	11222021	2,099		100.00			2,099	7	SL MQ	14.286	37	300	337	300
173	2 ELITEBOOKS AND HEAD	03162022	3,080		100.00			3,080	5	SL HY	10		308	308	308
174	BUSINESS FURNITURE SH	08172022	446		100.00			446	7	SL HY	7.143		32	32	32
175	MORRISON PARK PROJECT	02022022	7,529		100.00			7,529	15	SL HY	3.333		251	251	251
176	MORRISON PARK PROJECT	02022022	547		100.00			547	15	SL HY	3.333		18	18	18
177	MORRISON PARK PROJECT	04282022	3,978		100.00			3,978	15	SL HY	3.333		133	133	133

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35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
178	BUSINESS FURNITURE MO	01062022	1,118		100.00			1,118	7	SL HY	7.143		80	80	80
179	BUSINESS FURNITURE MO	03162022	18,045		100.00			18,045	7	SL HY	7.143		1,289	1,289	1,289
180	BUSINESS FURNITURE MO	06132022	4,685		100.00			4,685	7	SL HY	7.143		335	335	335
Totals			2,726,733					2,726,732				1,335,706	98,841	1,434,547	98,841

Land Amount
Net Depreciable Cost

2,726,733

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

98,841

ST ADJ:

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Depreciation Detail Listing

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35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
2	XEROX	06011987	1,435		100.00			1,435	7		0	1,435		1,435	
4	CALCULATOR	06011987	42		100.00			42	7		0	42		42	
5	TELE EQUIPMENT	06011987	47		100.00			47	7		0	47		47	
13	SECURITY FILE	06011988	38		100.00			38	7		0	38		38	
15	ADDING MACHINE	06011988	40		100.00			40	7		0	40		40	
23	ADMIN EQUIPMENT	01011992	382		100.00			382	7		0	382		382	
30	COPIER	12011995	2,225		100.00			2,225	7		0	2,225		2,225	
32	COMPUTER	05011996	769		100.00			769	7		0	769		769	
34	COMPUTER BAC	08011996	203		100.00			203	7		0	203		203	
35	PHONE	04011996	175		100.00			175	7		0	175		175	
37	OFFICE EQUIPMENT	04011996	18,760		100.00			18,760	7		0	18,760		18,760	
41	MICROWAVE	06011996	165		100.00			165	7		0	165		165	
53	OFFICE EQUIPMENT	10011997	351		100.00			351	7		0	351		351	
54	SCANNER	03011998	179		100.00			179	7		0	179		179	
56	OFFICE	10011998	224		100.00			224	7		0	224		224	
57	SHARP ELECTRIC	10011998	2,000		100.00			2,000	7		0	2,000		2,000	
59	SECURITY SYSTEM	05012000	795		100.00			795	7		0	795		795	
60	COMPUTER	11012000	689		100.00			689	7		0	689		689	
79	DISHWASHER	02012007	474		100.00			474	7		0	474		474	
80	AUTO FLUSH	03012007	313		100.00			313	7		0	313		313	
82	NEW CARPET	12012007	6,555		100.00			6,555	7		0	6,555		6,555	
87	REFRIGERATOR	06012008	800		100.00			800	7		0	800		800	
89	COPIER	03012006	8,000		100.00			8,000	7		0	8,000		8,000	
91	WATER FOUNTAIN	10122009	143		100.00			143	7		0	143		143	
93	WATER COOLER	12222009	406		100.00			406	7		0	406		406	
95	TELEPHONE SYSTEM	01042010	2,901		100.00			2,901	7		0	2,901		2,901	
104	ART PIECE	05152012	4,750		100.00			4,750	7		0	4,750		4,750	
108	SOFTWARE	03222013	4,949		100.00			4,949	10	SL HY	10	4,455	494	4,949	494
109	HAND DRYERS	08262013	425		100.00			425	7		0	425		425	
110	CAMERAS & RECORDER	09172013	7,575		100.00			7,575	7		0	7,575		7,575	

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Depreciation Detail Listing

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35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
111	ADE MACHINE	09182013	1,543		100.00			1,543	7		0	1,543		1,543	
121	KITCHIN APPLIANCES	05212016	7,790		100.00			7,790	7	SL MQ	14.286	6,261	1,113	7,374	1,113
123	CAFETERIA TABLES	12162015	6,342		100.00			6,342	7	SL MQ	14.286	5,549	793	6,342	793
125	OFFICE FURNITURE	09152016	3,897		100.00			3,897	7	SL MQ	14.286	2,998	557	3,555	557
126	OFFICE FURNITURE	10272016	8,665		100.00			8,665	7	SL MQ	14.286	6,345	1,238	7,583	1,238
128	CONFERENCE TABLE	11112016	3,789		100.00			3,789	7	SL MQ	14.286	2,773	541	3,314	541
130	COMPRESSOR	06082017	881		100.00			881	7	SL HY	14.286	567	126	693	126
134	BUSINESS FURNITURE	08112017	20,592		100.00			20,592	7	SL HY	14.286	13,239	2,942	16,181	2,942
146	COMPUTER	09242019	2,647		100.00			2,647	5	SL HY	20	1,323	529	1,852	529
154	NETWORK EQUIPMENT	09212020	900		100.00			900	7	SL MQ	14.286	177	129	306	129
155	SECURITY CAMERAS	11182020	23,806		100.00			23,806	7	SL MQ	14.286	3,826	3,401	7,227	3,401
157	MONROE COUNTY REMODEL	11172021	33,080		100.00			33,080	39	SL MM	2.564	106	848	954	848
159	BUSINESS FURNITURE	10132021	23,848		100.00			23,848	7	SL MQ	14.286	426	3,407	3,833	3,407
160	MONROE COUNTY BUSINES	03122021	20,599		100.00			20,599	7	SL MQ	14.286	2,575	2,943	5,518	2,943
161	MONROE COUNTY COMPUTE	10082021	8,065		100.00			8,065	5	SL MQ	20	202	1,613	1,815	1,613
162	MONROE COUNTY COMPUTE	10132021	4,620		100.00			4,620	5	SL MQ	20	116	924	1,040	924
163	MONROE COUNTY BUILDIN	01011982	105,000		100.00			105,000	15		0	105,000		105,000	
163	LAND	01011982	2,000		100.00				0	NDA					
164	GUTTERING ORG MONROE	02011997	1,192		100.00			1,192	10		0	1,192		1,192	
165	DUCTWORK MONROE BUILD	11041997	2,857		100.00			2,857	10		0	2,857		2,857	
166	AIRLOCK MONROE BUILDI	12121997	960		100.00			960	10		0	960		960	
167	AIR CONDITIONER MONRO	12121997	1,299		100.00			1,299	10		0	1,299		1,299	
168	BUILDING UPGRADES MON	12312010	3,400		100.00			3,400	15	SL MQ	6.667	2,606	227	2,833	227
169	BUILDING UPGRADES MON	12312013	19,638		100.00			19,638	15	SL MQ	6.667	2,786	1,309	4,095	1,309
170	BUILDING UPGRADES MON	12312005	35		100.00			35	15		0	35		35	
171	FLOORING MONROE BUILD	12121997	6,950		100.00			6,950	10		0	6,950		6,950	
172	VEHICLES MONROE COUNT	10072015	14,861		100.00			14,861	5		0	14,861		14,861	
181	MONROE CO REMODEL ELE	01062022	8,393		100.00			8,393	39	SL MM	2.457		206	206	206
182	MONROE CO REMODEL ROO	05102022	28,070		100.00			28,070	39	SL MM	1.603		450	450	450
183	MONROE CO REMODEL ELE	06132022	639		100.00			639	39	SL MM	1.389		9	9	9

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Depreciation Detail Listing

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GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
184	MONROE CO REMODEL 202	06242022	1,904		100.00			1,904	39	SL MM	1.389		26	26	26
185	BLINDS	01192022	1,500		100.00			1,500	10	SL HY	5		75	75	75
186	MONROE CO LANDSCAPING	11222022	6,841		100.00			6,841	15	SL HY	3.333		228	228	228
Totals			442,413					440,413				251,888	24,128	276,016	24,128

Land Amount 2,000
Net Depreciable Cost 440,413

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 24,128

ST ADJ:

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Depreciation Detail Listing

Fund Raising
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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
145	SOFTWARE- FUNDRAISING	04122018	4,858		100.00			4,858	5	SL	MQ	20	3,523	972	4,495	972
Totals			4,858					4,858				3,523	972	4,495	972	

Land Amount
Net Depreciable Cost

4,858

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

972
ST ADJ:

Next Year's Depreciation Worksheet

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GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	EQUIPMENT	06-01-1986	5,028	SL	7	
MGT	1	XEROX	06-01-1987	1,435	SL	7	
PRG	1	APPLE COMPUTER	06-01-1987	2,389	SL	7	
MGT	1	CALCULATOR	06-01-1987	42	SL	7	
MGT	1	TELE EQUIPMENT	06-01-1987	47	SL	7	
PRG	1	STEREO	06-01-1988	80	SL	7	
PRG	1	COMP TABLE	06-01-1988	85	SL	7	
PRG	1	POPCORN MACHINE	06-01-1988	382	SL	7	
PRG	1	STATIC PADS	06-01-1988	223	SL	7	
PRG	1	CHAIRS	06-01-1988	140	SL	7	
PRG	1	BUTTON MAKER	06-01-1988	32	SL	7	
PRG	1	FILE CABINET	06-01-1988	59	SL	7	
MGT	1	SECURITY FILE	06-01-1988	38	SL	7	
PRG	1	WORK CENTER	06-01-1988	120	SL	7	
MGT	1	ADDING MACHINE	06-01-1988	40	SL	7	
PRG	1	TV & VCR	06-01-1988	810	SL	7	
PRG	1	COMPUTER TABLE	06-01-1988	220	SL	7	
PRG	1	STATIC PADS	06-01-1988	223	SL	7	
PRG	1	COMPUTER	01-01-1989	564	SL	5	
PRG	1	SOFTWARE	01-01-1989	203	SL	7	
PRG	1	PROGRAM EQUIPMENT	01-01-1991	857	SL	5	
PRG	1	PROGRAM EQUIPMENT	01-01-1992	1,812	SL	7	
MGT	1	ADMIN EQUIPMENT	01-01-1992	382	SL	7	
PRG	1	COPIER	02-01-1993	1,854	SL	7	
PRG	1	CARPETING	04-01-1993	2,463	SL	7	
PRG	1	PIANO	09-01-1993	448	SL	7	
PRG	1	PRINTER	12-01-1993	300	SL	7	
PRG	1	COMPUTER	07-01-1994	1,650	SL	7	
PRG	1	VCR	12-01-1994	179	SL	7	
MGT	1	COPIER	12-01-1995	2,225	SL	7	
PRG	1	COMPUTER	06-01-1996	1,769	SL	7	10
MGT	1	COMPUTER	05-01-1996	769	SL	7	
PRG	1	GYMNASTIC EQUIPMENT	08-01-1996	3,791	SL	7	
MGT	1	COMPUTER BAC	08-01-1996	203	SL	7	
MGT	1	PHONE	04-01-1996	175	SL	7	
PRG	1	SPORTS EQUIPMENT	05-01-1996	15,338	SL	7	
MGT	1	OFFICE EQUIPMENT	04-01-1996	18,760	SL	7	
PRG	1	PA SYSTEM	05-01-1996	755	SL	7	
PRG	1	SECURITY	05-01-1996	1,344	SL	7	
PRG	1	TENNIS EQUIPMENT	06-01-1996	2,565	SL	7	
MGT	1	MICROWAVE	06-01-1996	165	SL	7	
PRG	1	BLINDS	06-01-1996	96	SL	7	
PRG	1	B- BUILDING	05-01-1996	1,162,564	SL	39	29,809
PRG	1	CHAIRS	03-01-1997	993	SL	7	
PRG	1	GYM EQUIPMENT	04-01-1997	2,675	SL	7	
PRG	1	B- SIGN	09-01-1997	700	SL	7	
PRG	1	B- SIGN	10-01-1997	1,500	SL	7	
PRG	1	B- SIGN	12-01-1997	1,841	SL	7	
PRG	1	PROGRAM EQUIPMENT	03-01-1997	319	SL	7	
PRG	1	PROGRAM EQUIPMENT	10-01-1997	204	SL	7	
PRG	1	PROGRAM EQUIPMENT	11-01-1997	619	SL	7	
PRG	1	PROGRAM EQUIPMENT	12-01-1997	445	SL	7	

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Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	OFFICE EQUIPMENT	10-01-1997	351	SL	7	
MGT	1	SCANNER	03-01-1998	179	SL	7	
PRG	1	AMPLIFIER	05-01-1998	114	SL	7	
MGT	1	OFFICE	10-01-1998	224	SL	7	
MGT	1	SHARP ELECTRIC	10-01-1998	2,000	SL	7	
PRG	1	2 PIECE LECT	05-01-2000	222	SL	7	
MGT	1	SECURITY SYSTEM	05-01-2000	795	SL	7	
MGT	1	COMPUTER	11-01-2000	689	SL	7	
PRG	1	GYM EQUIPMENT	05-01-2000	788	SL	7	
PRG	1	GYMNASTIC EQUIPMENT	05-01-2000	210	SL	7	
PRG	1	GYMNASTICS EQUIPMENT	09-01-2000	935	SL	7	
PRG	1	G- IMPORVEMENTS	02-01-2000	40,000	SL	39	1,026
PRG	1	G- IMPROVEMENTS	03-01-2000	95,000	SL	39	2,436
PRG	1	G- IMPROVEMENTS	04-01-2000	65,000	SL	39	1,667
PRG	1	B- PARKING LOT	08-01-2000	1,763	SL	15	
PRG	1	COMPUTER	02-01-2001	1,547	SL	5	
PRG	1	EZ CARE SW	03-01-2002	2,000	SL	5	
PRG	1	COMPUTER EQUIPMENT	07-01-2002	2,066	SL	5	
PRG	1	CABLE MODEM	08-01-2002	150	SL	5	
PRG	1	TABLE VAULT	09-01-2002	2,837	SL	7	
PRG	1	GYMNASTICS EQUIPMENT	06-01-2002	1,130	SL	7	
PRG	1	TABLES/CHAIRS	03-01-2002	293	SL	7	
PRG	1	GYM BALANCE	05-01-2004	1,384	ADS	7	
PRG	1	GYM MATS	05-01-2004	2,047	ADS	7	
PRG	1	GYMNASTICS EQUIPMENT	07-01-2005	714	ADS	7	
PRG	1	VOLLEYBALL EQUIPMENT	01-01-2005	422	ADS	7	
MGT	1	DISHWASHER	02-01-2007	474	ADS	7	
MGT	1	AUTO FLUSH	03-01-2007	313	SL	7	
PRG	1	SWEEPER	05-01-2007	583	SL	7	
MGT	1	NEW CARPET	12-01-2007	6,555	SL	7	
PRG	1	COMPUTERS	07-01-2003	12,129	ADS	5	
PRG	1	GYMNASTIC EQUIPMENT	02-01-2005	301	ADS	7	
PRG	1	COMPUTERS DE	12-01-2008	1,908	M	5	
PRG	1	CAMERA	03-01-2006	503	SL	7	
MGT	1	REFRIGERATOR	06-01-2008	800	ADS	7	
PRG	1	G- SIGN- GYMN.	11-01-2003	1,345	ADS	7	
MGT	1	COPIER	03-01-2006	8,000	SL	7	
PRG	1	G- IMPROVEMENTS	05-01-2000	50,000	SL	39	1,282
MGT	1	WATER FOUNTAIN	10-12-2009	143	ADS	7	
PRG	1	FOAM FOR GYMNAS TIC PIT	12-09-2009	1,092	ADS	7	
MGT	1	WATER COOLER	12-22-2009	406	ADS	7	
PRG	1	GYM MAT	12-23-2010	6,945	ADS	7	
MGT	1	TELEPHONE SYSTEM	01-04-2010	2,901	ADS	7	
PRG	1	COMPUTERS- 18 computers	11-28-2011	17,850	ADS	7	
PRG	1	B- EXTERIOR SIGN	09-14-2011	2,189	SL	7	
PRG	1	B- EXTERIOR MONUMENT SIG	01-01-2012	11,434	ADS	10	
PRG	1	IPADS	09-05-2012	5,339	ADS	5	
PRG	1	EPSON PROJECTOR	09-27-2012	430	ADS	7	
PRG	1	PROJECTOR SCREEN	09-27-2012	150	ADS	7	
PRG	1	SOUND SYSTEM	09-05-2012	350	ADS	7	
PRG	1	B- BUILDING IMPROVEMENTS	11-01-2012	31,148	ADS	40	779
MGT	1	ART PIECE	05-15-2012	4,750	ADS	7	

Next Year's Depreciation Worksheet

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2022

Name(s) as shown on return

Tax ID Number

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	GYM EQUIPMENT	07-12-2012	4,226	ADS	7	
PRG	1	B- AIR CONDITIONING EQUI	07-01-2013	74,507	SL	39	1,910
PRG	1	G- GYM REMODELING	08-23-2013	5,632	SL	39	144
MGT	1	SOFTWARE	03-22-2013	4,949	SL	10	
MGT	1	HAND DRYERS	08-26-2013	425	SL	7	
MGT	1	CAMERAS & RECORDER	09-17-2013	7,575	SL	7	
MGT	1	ADE MACHINE	09-18-2013	1,543	SL	7	
PRG	1	B- REPLACEMENT DOOR LOCK	12-01-2014	5,290	SL	39	136
PRG	1	2013 CHEVELOT G3500 LT E	11-07-2014	21,000	SL	5	
PRG	1	GYMNASTIC EQUIPMENT	10-10-2014	9,913	SL	7	
PRG	1	MACH 1 PC	01-01-2014	895	SL	5	
PRG	1	MACH 1 PC	01-01-2014	1,613	SL	5	
PRG	1	MINI PADS	01-01-2014	895	SL	5	
PRG	1	MINIPADS	01-01-2014	1,921	SL	5	
PRG	1	COMPUTER (SCUFFY)	01-07-2014	795	SL	5	
PRG	1	B- SECURITY SYSTEM	05-20-2015	3,685	SL	7	
MGT	1	KITCHIN APPLIANCES	05-21-2016	7,790	SL	7	416
PRG	1	LIGHT FIXTURES	10-16-2015	5,815	SL	39	149
MGT	1	CAFETERIA TABLES	12-16-2015	6,342	SL	7	
PRG	1	GYMNASTIC EQUIPMENT	12-16-2015	1,990	SL	7	
MGT	1	OFFICE FURNITURE	09-15-2016	3,897	SL	7	342
MGT	1	OFFICE FURNITURE	10-27-2016	8,665	SL	7	1,082
PRG	1	IPADS / CARTS	11-09-2016	15,591	SL	5	
MGT	1	CONFERENCE TABLE	11-11-2016	3,789	SL	7	475
PRG	1	SMART BOARDS	12-20-2016	9,349	SL	5	
MGT	1	COMPRESSOR	06-08-2017	881	ADS	7	126
PRG	1	GYMNASTICS ROOM FIXTURES	06-08-2017	2,773	ADS	7	396
PRG	1	GYMNASTICS- PIT & FOAM C	06-16-2017	4,280	ADS	7	611
PRG	1	COMPUTERS (31)	09-19-2017	21,565	ADS	5	
MGT	1	BUSINESS FURNITURE	08-11-2017	20,592	ADS	7	2,942
PRG	1	FURNITURE FOR STAFF OFFI	09-21-2017	39,380	ADS	7	5,626
PRG	1	B- IMPROVEMENTS	10-31-2017	217,717	ADS	39	5,582
PRG	1	OFFICE FURNITURE	01-05-2018	49,736	ADS	7	7,105
PRG	1	FURNITURE	02-06-2018	1,006	ADS	7	144
PRG	1	TABLES & BOOKCASES	02-27-2018	16,039	ADS	7	2,291
PRG	1	WALL PLAQUE	04-12-2018	1,177	ADS	7	168
PRG	1	BUILDING IMPROVEMENTS	08-24-2018	327,257	ADS	39	8,391
PRG	1	GREENHOUSE	11-30-2018	148,988	ADS	15	9,933
PRG	1	FENCING	08-31-2018	1,150	ADS	15	77
PRG	1	PARKING LOT	07-26-2018	30,600	ADS	15	2,040
FND	1	SOFTWARE- FUNDRAISING	04-12-2018	4,858	ADS	5	363
MGT	1	COMPUTER	09-24-2019	2,647	ADS	5	529
PRG	1	PROGRAM EQUIPMENT	07-29-2019	10,538	ADS	7	1,505
PRG	1	REMODEL	08-02-2019	2,083	ADS	10	208
PRG	1	REMODEL	09-09-2019	5,582	ADS	10	558
PRG	1	GYMNASTIC EQUIPMENT	11-06-2019	16,138	ADS	7	2,305
PRG	1	SECURITY SYSTEM	09-13-2019	8,018	ADS	7	1,145
PRG	1	WARRENS COMPUTER	03-17-2020	813	ADS	5	163
PRG	1	STUDIO FURNITURE	12-18-2020	11,268	ADS	7	1,610
MGT	1	NETWORK EQUIPMENT	09-21-2020	900	ADS	7	129
MGT	1	SECURITY CAMERAS	11-18-2020	23,806	ADS	7	3,401
PRG	1	VIRTURAL ROOM SETUP	12-17-2020	26,024	ADS	7	3,718

Next Year's Depreciation Worksheet

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2022

Name(s) as shown on return

Tax ID Number

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

35-1277849

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	MONROE COUNTY REMODEL	11-17-2021	33,080	ADS	39	848
PRG	1	SMART TV	11-22-2021	2,099	ADS	7	300
MGT	1	BUSINESS FURNITURE	10-13-2021	23,848	ADS	7	3,407
MGT	1	MONROE COUNTY BUSINESS F	03-12-2021	20,599	ADS	7	2,943
MGT	1	MONROE COUNTY COMPUTERS	10-08-2021	8,065	ADS	5	1,613
MGT	1	MONROE COUNTY COMPUTERS	10-13-2021	4,620	ADS	5	924
MGT	1	MONROE COUNTY BUILDING	01-01-1982	105,000	ADS	15	
MGT	1	GUTTERING ORG MONROE BUI	02-01-1997	1,192	SL	10	
MGT	1	DUCTWORK MONROE BUILDING	11-04-1997	2,857	SL	10	
MGT	1	AIRLOCK MONROE BUILDING	12-12-1997	960	SL	10	
MGT	1	AIR CONDITIONER MONROE B	12-12-1997	1,299	SL	10	
MGT	1	BUILDING UPGRADES MONROE	12-31-2010	3,400	SL	15	227
MGT	1	BUILDING UPGRADES MONROE	12-31-2013	19,638	SL	15	1,309
MGT	1	BUILDING UPGRADES MONROE	12-31-2005	35	SL	15	
MGT	1	FLOORING MONROE BUILDING	12-12-1997	6,950	SL	10	
MGT	1	VEHICLES MONROE COUNTY	10-07-2015	14,861	SL	5	
PRG	1	2 ELITEBOOKS AND HEADPHO	03-16-2022	3,080	SL	5	616
PRG	1	BUSINESS FURNITURE SHELBY	08-17-2022	446	SL	7	64
PRG	1	MORRISON PARK PROJECT 9	02-02-2022	7,529	SL	15	502
PRG	1	MORRISON PARK PROJECT CO	02-02-2022	547	SL	15	36
PRG	1	MORRISON PARK PROJECT LA	04-28-2022	3,978	SL	15	265
PRG	1	BUSINESS FURNITURE MONROE	01-06-2022	1,118	SL	7	160
PRG	1	BUSINESS FURNITURE MONROE	03-16-2022	18,045	SL	7	2,578
PRG	1	BUSINESS FURNITURE MONROE	06-13-2022	4,685	SL	7	669
MGT	1	MONROE CO REMODEL ELECTR	01-06-2022	8,393	SL	39	215
MGT	1	MONROE CO REMODEL ROOF 2	05-10-2022	28,070	SL	39	720
MGT	1	MONROE CO REMODEL ELECTR	06-13-2022	639	SL	39	16
MGT	1	MONROE CO REMODEL 2022	06-24-2022	1,904	SL	39	49
MGT	1	BLINDS	01-19-2022	1,500	SL	10	150
MGT	1	MONROE CO LANDSCAPING	11-22-2022	6,841	SL	15	456
		TOTAL					120,796

FOR TAX YEAR 2022

GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY

CARDINAL SMALL BUSINESS SERVICES

30 E WASHINGTON STREET

SHELBYVILLE, IN 46176

(317)627-6311

990

Tax Exempt
Diagnostic Summary

2022

Name GIRLS INCORPORATED OF SHELBYVILLE / SHELBY COUNTY	Employer Identification # 35-1277849
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Demographics

Mailing Address:

904 S MILLER STREET
SHELBYVILLE, IN 46176

Phone: (317)392-1190

Resident State: IN

Diagnostics

Preparer: STEPHEN J PLUNKET

Invoice:

Date: 09-28-2023

Return Information

Item on Return	2022 Federal	2021 Federal (If available)
Total Revenue	1,277,559	1,142,149
Total Expenses	1,399,708	1,102,220
Net Excess (Deficit)	(122,149)	39,929
Net Assets or Fund Balances	2,765,033	2,906,536

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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